

Facility:	Date:		
Name:			
Annua	l Update and License Renewal: WAC 246-330-100		
	This section identifies the actions and responsibilities of an applicant or	Met	
	ambulatory surgical facility for a license.		
	(1) Initial license. An applicant must submit an application packet and fee		
0005	to the department at least sixty days before the intended opening date of		
	the new ambulatory surgical facility.		
	(2) Annual update. Before December 31st of each calendar year, a		
0010	licensed ambulatory surgical facility must submit to the department an		
	annual update documentation form.		
	(3) License renewal. No later than thirty days before the license		
0015	expiration date, a licensed ambulatory surgical facility must submit to the		
	department a renewal application form and fee.		
Ambul	atory Surgical Facility Responsibilities: WAC 246-330-105		
	This section identifies the actions and responsibilities of a licensed	Met	
	ambulatory surgical facility.		
0016	(1) An ambulatory surgical facility must comply with chapter 70.230 RCW		
0010	and this chapter;		
	(2) An ambulatory surgical facility certified by the Centers for Medicare and		
	Medicaid Services or accredited by the Joint Commission, Accreditation		
	Association for Ambulatory Health Care or American Association for		
	Accreditation of Ambulatory Surgery Facilities must:		
0017	(a) Notify the department of a certification or an accreditation survey		
	within two business days following completion of the survey; and		
0010	(b) Notify the department in writing of the accreditation decision and any		
0018	changes in accreditation status within thirty calendar days of receiving the		
	accreditation report.		
Govern	nance: WAC 246-330-115		
	This section outlines the organizational guidance and oversight		
	responsibilities of ambulatory surgical facility resources and staff to		
	support safe patient care.	Met	
	An ambulatory surgical facility must have a governing authority that is		
	responsible for determining, implementing, monitoring and revising		
	policies and procedures covering the operation of the facility that includes:		
0020	(1) Selecting and periodically evaluating a chief executive officer or administrator;		
0025	(2) Appointing and periodically reviewing a medical staff;		
0030	(3) Approving the medical staff bylaws;		
0035	(4) Reporting practitioners according to RCW 70.230.120;		

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Gover	nance: WAC 246-330-115 continued	
0040	(5)Informing patients of any unanticipated outcomes according to RCW 70.230.150	
0045	(6) Establishing and approving a coordinated quality performance improvement plan according to RCW 70.230.080;	
0050	(7) Establishing and approving a facility safety and emergency training program according to RCW 70.230.060;	
0055	(8)) Reporting adverse events and conducting root cause analyses according to chapter 246-302 WAC;	
0060	(9) Providing a patient and family grievance process including a time frame for resolving each grievance according to RCW 70.230.080 (1)(d);	
0065	(10) Defining who can give and receive patient care orders that are consistent with professional licensing laws; and	
0070	(11) Defining who can authenticate written or electronic orders for all drugs, intravenous solutions, blood, and medical treatments that are consistent with professional licensing laws.	
Leade	ship: WAC 246-330-120	
	This section describes leaderships' role in assuring care is provided consistently throughout the facility according to patient needs.	Met
	The ambulatory surgical facility leaders must:	
0075	(1) Identify patient care responsibilities for all nursing personnel;	
0080	(2) Assure nursing services are provided in accordance with state nurse licensing law and recognized standards of practice ;	
0085	(3) Assure a registered nurse is available for emergency treatment at all times a patient is present in the facility;	
0090	(4) Establish and implement a facility-wide procedure for double-checking drugs , biologicals, and agents as designated by the facility;	
0095	(5) Ensure immediate staff access to and appropriate dosages for emergency drugs ;	
0100	(6) Require individuals conducting business in the ambulatory surgical facility comply with facility policies and procedures;	
0105	(7) Post the complaint hotline notice according to RCW 70.230.160; and	
0110	(8) Adopt and implement policies and procedures to report suspected abuse within forty-eight hours to local police or appropriate law enforcement agency according to RCW 26.44.030.	

	The purpose of this section is to improve patient care and outcomes by respecting every patient and maintaining ethical relationships with the public.	Met
	Ambulatory surgical facilities must:	
	(1) Adopt and implement <u>policies and procedures</u> that define each patient's right to:	
0115	(a) Be treated and cared for with dignity and respect ;	
0120	(b) 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;	
0125	(c) Be protected from abuse and neglect;	
0130	(d) Access protective services;	
0135	(e) Complain about their care and treatment without fear of retribution or denial of care;	
0140	(f) Timely complaint resolution;	
	(g) Be involved in all aspects of their care including:	
0145	(i) Refusing care and treatment; and	
0150	(ii) Resolving problems with care decisions.	
0155	(h) Be informed of unanticipated outcomes according to RCW 70.230.150;	
0160	(i) Be informed and agree to their care; and	
0165	(j) Family input in care decisions, in compliance with existing legal directives of the patient or existing court-issued legal orders.	
0170	(2) Provide each patient a written statement of patient rights from subsection (1) of this section.	
	(3) Adopt and implement <u>policies and procedures</u> to address research, investigation, and clinical trials including:	
0175	(a) How to authorize research;	
0180	(b) Require staff to follow informed consent laws ; and	
0185	(c) Not hindering a patient's access to care if a patient refuses to participate.	

Advers	se Events: WAC 246-330-130	
	The National Quality Forum identifies and defines twenty-nine serious reportable events (adverse health events) as updated and adopted in 2011.	Met
0190	(1) An ambulatory surgery facility must report adverse health events to the department.	
0195	(2) An ambulatory surgical facility must comply with reporting requirements under chapter 246-302 WAC.	
0200	(3) Adverse health events are listed in chapter 246-302 WAC.	
Manag	gement of Human Resources: WAC 246-330-140	
	This section ensures that ambulatory surgical facilities provide competent staff consistent with scope of services.	Met
	Ambulatory surgical facilities must:	
0205	(1) Create and periodically review job descriptions for all staff;	
0210	(2) Supervise staff performance to assure competency;	
0215	(3) Verify and document licensure, certification, or registration of staff;	
0220	(4) Complete tuberculosis screening for new and current employees consistent with the <i>Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities,</i> 2005. <i>Morbidity Mortality Weekly Report (MMWR) Volume 54,</i> December 30, 2005;	
	(5) Provide infection control information to staff upon hire and annually which includes:	
0225	(a) Education on general infection control according to chapter 296-823 WAC blood borne pathogens exposure control; and	
0230	(b) General and specific infection control measures related to patient care.	

Medic	al Staff: WAC 246-330-145	
	This section requires development of a medical staff structure,	
	consistent with clinical competence, to ensure a safe patient care	Met
	environment.	
	The medical staff must:	
0235	(1) Be accountable to the governing body;	
0240	(2) Adopt bylaws, rules, regulations, and organizational structure	
0240	including an appointment and reappointment process;	
	(3) Be legally and professionally qualified for the positions to which	
0245	they are appointed and for the performance of privileges in accordance	
	with recommendations from qualified medical personnel;	
2252	(4) Periodically review and reappraise medical staff privileges using	
0250	peer review data;	
0255	(5) Periodically review and amend the scope of procedures performed	
0255	in the ambulatory surgical facility;	
	(6) If the ambulatory surgical facility assigns patient care responsibilities	
00.00	to practitioners other than physicians, it must have established policies	
0260	and procedures, approved by the governing body, for overseeing and	
	evaluating their clinical activities; and	
0265	(7) Report practitioners for discipline of unprofessional conduct	
0265	according to RCW 70.230.120.	
Manag	gement of Information: WAC 246-330-150	
	The purpose of this section is to improve patient outcomes and	N.A.+
	ambulatory surgical facility performance through obtaining, managing,	Met
	and use of information.	
	An ambulatory surgical facility must:	
0270	(1) Provide medical staff, employees and other authorized persons with	
0270	access to patient information systems, resources, and services;	
0275	(2) Maintain confidentiality, security, and integrity of information;	
	(3) Initiate and maintain a medical record for every patient assessed or	
0280	treated including a process to review records for completeness,	
	accuracy, and timeliness;	

Manag	gement of Information: WAC 246-330-150 Continued	Met
	(4) Create medical records that:	
0285	(a) Identify the patient;	
0290	(b) Have clinical data to support the diagnosis, course and results of treatment	
0290	for the patient;	
0295	(c) Have signed consent documents;	
0300	(d) Promote continuity of care;	
0305	(e) Have accurately written, signed, dated, and timed entries;	
0310	(f) Indicates authentication after the record is transcribed;	
0315	(g) Are promptly filed, accessible, and retained according to facility policy ; and	
0320	(h) Include verbal orders that are accepted and transcribed by qualified personnel.	
0005	(5) Establish a systematic method for identifying each medical record,	
0325	identification of service area, filing, and retrieval of all patient's records; and	
	(6) Adopt and implement policies and procedures that address:	
0330	(a) Who has access to and release of confidential medical records according to chapter 70.02 RCW;	
0335	(b) Retention and preservation of medical records;	
0340	(c) Transmittal of medical data to ensure continuity of care; and	
0345	(d) Exclusion of clinical evidence from the medical record.	
	nated Quality Improvement Program (CQIP): WAC 246-330-155	
	The purpose of this section is to ensure the establishment and on-going	
	maintenance of a coordinated quality improvement program. The intent is to	Met
	improve the quality of health care services provided to patients and to identify	iviet
	and prevent medical malpractice.	
	An ambulatory surgical facility must:	
	(1) 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:	
0350	(a) A written performance improvement plan that is periodically evaluated;	
0355	(b) Performance improvement activities that are interdisciplinary and include at least one member of the governing authority;	
0360	(c) Prioritize performance improvement activities ;	
0365	(d) Implement and monitor actions taken to improve performance;	
	(e) Education programs dealing with performance improvement, patient safety,	
0370	medication errors, injury prevention; and	
0375	(f) Review serious or unanticipated patient outcomes in a timely manner.	

Coordi	nated Quality Improvement Program: WAC 246-330-155 (Continued)	Met
	(2) Systematically collect, measure and assess data on processes and outcomes	
0380	related to patient care and organization functions;	
	(3) Collect, measure and assess data including, but not limited to:	
0385	(a) Operative, other invasive, and noninvasive procedures that place patients at risk;	
0390	(b) Infection rates, pathogen distributions and antimicrobial susceptibility profiles;	
0395	(c) Death;	
0400	(d) Medication management or administration related to wrong medication, wrong dose, wrong time, near misses and any other medication errors and incidents;	
0405	(e) Injuries, falls, restraint use, negative health outcomes and incidents injurious to patients in the ambulatory surgical facility;	
0410	(f) Adverse events according to chapter 246-302 WAC;	
0415	(g) Discrepancies or patterns between preoperative and postoperative (including pathologic) diagnosis, including pathologic review of specimens removed during surgical or invasive procedures;	
0420	(h) Adverse drug reactions (as defined by the ambulatory surgical facility);	
0425	(i) Confirmed transfusion reactions;	
0430	(j) Patient grievances, needs, expectations, and satisfaction; and	
0435	(k) Quality control and risk management activities.	
Infecti	on Control Program: WAC 246-330-176	
	The purpose of this section is to identify and reduce the risk of acquiring and transmitting infections and communicable diseases between patients, staff, medical staff, and visitors.	Met
0440	An ambulatory surgical facility must: (1) Develop, implement and maintain a written infection control and surveillance program;	
	(2) Designate staff to:	
0445	(a) Manage the activities of the infection control program;	
0450	(b) Assure the infection control program conforms with patient care and safety policies and procedures; and	
0455	c) Provide consultation on the infection control program, policies and procedures throughout the entire facility.	
	(3) Ensure staff managing the infection control program have:	
0460	(a) A minimum of two years experience in a health related field; and	
0465	(b) Training in the principles and practices of infection control;	

	(4) Develop and implement infection control policies and procedures consistent
0470	with the guidelines of the centers for disease control and prevention (CDC);
	(5) Assure the infection control policies and procedures address, but are not limited to the following:
	(a) Routine surveillance, outbreak investigations and interventions including
	pathogen distributions and antimicrobial susceptibility profiles consistent with
0475	the 2006 CDC healthcare infection control practices advisory committee
	guideline, Management of Multidrug-Resistant Organisms in Healthcare Settings;
0480	(b) Patient care practices in all clinical care areas;
0485	(c) Receipt, use, disposal, sterilizing, processing, or reuse of equipment to
0465	prevent disease transmission;
0490	(d) Preventing cross contamination of soiled and clean items during sorting,
0430	processing, transporting, and storage;
0495	(e) Environmental management and housekeeping functions;
0500	(f) Approving and properly using disinfectants, equipment, and sanitation
	procedures;
0505	(g) Cleaning areas used for surgical procedures before, between, and after use;
0510	(h) Facility-wide daily and periodic cleaning;
0515	(i) Occupational health consistent with current practice;
0520	(j) Clothing;
0525	(k) Traffic patterns;
0530	(I) Antisepsis;
0535	(m) Handwashing;
0540	(n) Scrub technique and surgical preparation;
0545	(o) Biohazardous waste management according to applicable federal, state, & local regulations;
0550	(p) Barrier, transmission and isolation precautions; and
0555	(q) Pharmacy and therapeutics.
	(6) Establish and implement a plan for:
05.66	(a) Reporting communicable diseases including cluster or outbreaks of
0560	postoperative infections according to chapter 246-100 WAC; and
OFCE	(b) Surveying and investigating communicable disease occurrences in the
0565	ambulatory surgical facility consistent with chapter 246-100 WAC; and
0570	(c) Collecting, measuring and assessing data on infection rates, pathogen
0370	distributions and antimicrobial susceptibility profiles.

Pnarm	aceutical Services: WAC 246-330-200	
	This section assures patient pharmaceutical needs are met in a planned and	
	organized manner . This section is consistent with the requirements for a health care entity license under RCW 18.64.450 and chapter 246-904 WAC.	Met
	An ambulatory surgical facility must:	
0585	(1) Only administer, dispense or deliver legend drugs and controlled substances to patients receiving care in the facility;	
0590	(2) 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;	
0595	(3) Establish a process for selecting medication s based on evaluating their relative therapeutic merits, safety, and cost; and	
	(4) 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:	
	(a) Establishing policy and procedures related to:	
0600	(i) Purchasing, ordering, storing, compounding, delivering, dispensing and administering of controlled substances or legend drugs;	
0605	(ii) Assuring drugs are stored, compounded, delivered or dispensed according to all applicable state and federal rules and regulations;	
0610	(iii) Maintaining accurate inventory records and patient medical records related to the administration of controlled substances and legend drugs;	
0615	(iv) Maintaining any other records required by state and federal regulations;	
0620	(v) Security of legend drugs and controlled substances; and	
0625	(vi) Controlling access to controlled substances and legend drugs.	
0630	(b) Establishing a process for completing all forms for the purchase and order of legend drugs and controlled substances; and	
0635	(c) Establishing a method for verifying receipt of all legend drugs and controlled substances purchased and ordered by the ambulatory surgical facility.	
Patien	t Care Services: WAC 246.330.205	
	This section guides the development of a plan for patient care. The ambulatory surgical facility accomplishes this by supervising staff, establishing, monitoring, and enforcing policies and procedures that define and outline the use of materials, resources, and promote the delivery of care.	Met
	An ambulatory surgical facility must:	
0640	(1) Provide personnel, space, equipment, reference materials, training, and supplies for the appropriate care and treatment of patients;	
0645	(2) Have a registered nurse available for consultation in the ambulatory surgical facility at all times patients are present ;	

	t Care Services: WAC 246.330.205: Continued (3) Adopt, implement, review and revise patient care policies and procedures
	designed to guide staff that address:
0650	(a) Criteria for patient admission;
0655	(b) Reliable method for personal identification of each patient;
0660	(c) Conditions that require patient transfer to outside facilities;
0665	(d) Patient safety measures;
0670	(e) Staff access to patient care areas;
0675	(f) Use of physical and chemical restraints or seclusion consistent with CFR 42.482;
	(g) Use of preestablished patient care guidelines or protocols. When used, these
0680	must be documented in the medical record and be preapproved or authenticated
	by an authorized practitioner or advanced registered nurse practitioner;
0685	(h) Care and handling of patients whose condition require special medical consideration;
0690	(i) Preparation and administration of blood and blood products; and
0695	(j) Discharge planning.
	(4) Have a system to plan and document care in an interdisciplinary manner, including:
0700	(a) Development of an individualized patient plan of care, based on an initial
0700	assessment;
0705	(b) Assessment for risk of falls, skin condition, pressure ulcers, pain, medication use, therapeutic effects and side or adverse effects.
	(5) Complete and document an initial assessment of each patient's physical condition, emotional, and social needs in the medical record. Initial assessment includes:
0710	(a) 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;
0715	(b) Current needs;
0720	(c) Need for discharge planning;
0725	(d) When treating pediatric patients, the immunization status;
0730	(e) Physical examination, if within thirty days prior to admission, and updated
3.30	as needed if patient status has changed; and
	(f) Discharge plans when appropriate, coordinated with:
0735	(i) Patient, family or caregiver; and

Surgica	al Services: WAC 246.330.210	
	The purpose of this section is to guide the development and management of	Met
	surgical services.	
	An ambulatory surgical facility must :	
	(1) Adopt and implement policies and procedures that:	
0745	(a) Identify areas where surgery and invasive procedures may be performed;	
0750	(b) Define staff access to areas where surgery and invasive procedures are performed;	
0755	(c) Identify practitioner and advanced registered nurse practitioner's privileges for operating room staff; and	
0760	(d) Define staff qualifications and oversight.	
0765	(2) Use facility policies and procedures which define standards of care;	
0770	(3) Implement a system to identify and indicate the correct surgical site prior to beginning a surgical procedure;	
	(4) Provide emergency equipment, supplies, and services to surgical and	
0775	invasive areas;	
0780	(5) Provide separate refrigerated storage equipment with temperature alarms,	
0780	when blood is stored in the surgical department; and	
	(6) Assure a registered nurse qualified by training and experience functions as	
0785	the circulating nurse in every operating room whenever deep sedation or	
	general anesthesia are used during surgical procedures.	
Anesth	nesia Services: WAC 246.330.215	
	The purpose of this section is to guide the management and care of patients	Met
	receiving anesthesia and sedation.	
	An ambulatory surgical facility must:	
	(1) Adopt and implement policies and procedures that:	
0790	(a) Identify the types of anesthesia and sedation that may be used;	
0795	(b) Identify areas where each type of anesthesia and sedation may be used; and	
0000	(c) Define the staff qualifications and oversight for administering each type of	
0800	anesthesia and sedation used in the facility.	
0805	(2) Use facility policies and procedures which define standards of care; and	
0810	(3) Assure emergency equipment, supplies and services are immediately available in all areas where anesthesia is used.	

Recov	ery Care: WAC 246.330.220	
	The purpose of this section is to guide the management of patients recovering	Met
	from anesthesia and sedation.	
	An ambulatory surgical facility must :	
0815	(1) Adopt and implement policies and procedures that define the qualifications	
0015	and oversight of staff delivering recovery services;	
	(2) Assure a physician or advanced registered nurse practitioner capable of	
0820	managing complications and providing cardiopulmonary resuscitation is	
	immediately available for patients recovering from anesthesia; and	
	(3) Assure a registered nurse trained and current in advanced cardiac life	
0825	support measures is immediately available for patients recovering from	
	anesthesia.	
Emerg	ency Services: WAC 246.330.225	
	The purpose of this section is to guide the management and care of patients	Met
	receiving emergency services.	IVIE
	An ambulatory surgical facility must:	
	(1) Develop, implement and maintain a facility safety and emergency training	
	program that includes:	
0830	(a) On-site equipment, medication and trained personnel to manage any	
0630	medical emergency that may arise from the services provided or sought;	
0835	(b) A written and signed transfer agreement with one or more local hospitals	
0655	that has been approved by the ambulatory surgical facility's medical staff;	
0840	(c) Policies and a procedural plan for handling medical emergencies; and	
00.45	(d) Define the qualifications and oversight of staff delivering emergency care	
0845	services.	
	(2) Assure at least one registered nurse skilled and trained in emergency care	
	services on duty and in the ambulatory surgical facility at all times a patient is	
	present, who is:	
0850	(a) Immediately available to provide care; and	
0855	(b) Trained and current in advanced cardiac life support.	
0060	(3) Assure communication with agencies and health care providers as indicated	
0860	by patient condition; and	
0005	(4) Assure emergency equipment, supplies and services necessary to meet the	
0865	needs of patients are immediately available.	

Vlana	gement of Environment For Care: WAC 246.330.230	
	The purpose of this section is to manage environmental hazards and risks, prevent accidents and injuries, and maintain safe conditions for patients,	Met
	visitors, and staff.	
0870	(1) An ambulatory surgical facility must create and follow an environment of care management plan that addresses safety, security, hazardous materials and	
	waste, emergency preparedness, fire safety, medical equipment, utility systems	
	and physical environment.	
	(2) An ambulatory surgical facility must assure the environment of care management plan contains the following items:	
	(a) Safety:	
	(i) Policies and procedures on safety-related issues such as but not limited to	
0875	physical hazards and injury prevention;	
0880	(ii) Method to educate and periodically review with staff the safety policies and procedures;	
0885	(iii) Process to investigate, correct and report safety-related incidents; and	
0890	(iv) Process to keep the physical environment free of hazards.	
	(b) Security:	
0895	(i) <u>Policies and procedures</u> to protect patients, visitors, and staff while in the facility including preventing patient abduction;	
0900	(ii) Method to educate and periodically review security policies and procedures with staff; and	
0905	(iii) When the facility has security staff , train the security staff to a level of skill and competency for their assigned responsibility.	
	2(c) Hazardous Materials and Waste:	
0910	(i) Establish and implement a program to safely control hazardous materials and waste according to federal, state, and local regulations;	
0915	(ii) Provide space and equipment for safe handling and storage of hazardous materials and waste;	
0920	(iii) Process to investigate all hazardous material or waste spills, exposures, and other incidents, and report as required to appropriate authority; and	
0925	(iv) Method to educate staff on hazardous materials and waste policies and procedures.	
	(d) Emergency Preparedness:	
0930	(i) Establish, implement and periodically review a disaster plan for internal and external disasters that is specific to the facility and community;	
0935	(ii) Process to educate and train staff on the disaster plan ;	
0940	(iii) Process to periodically conduct drills to test the plan.	

	(a) Fire Cofety	
	(e) <u>Fire Safety</u> :	
0945	(i) <u>Policies and procedures</u> on fire prevention and emergencies including an evacuation plan ; and	
0950	(ii) Process to orient, educate, and conduct drills with staff fire prevention, emergency and evacuation policies and procedures.	
	(f) Medical equipment:	
0955	(i) Method to operate and maintain medical equipment properly, safely and according to manufacturer's recommendations;	
0960	(ii) Perform and document preventive maintenance; and	
0965	(iii) Process to investigate, report, and evaluate procedures in response to equipment failures.	
	(g) <u>Utility Systems</u> :	
0970	(i) Policies and procedures to operate and maintain a safe and comfortable environment; and	
0975	(ii) Process to investigate and evaluate utility systems problems, failures, or user errors and report incidents.	
	(h) Physical Environment:	
0980	(i) Process to keep the physical environment clean including cleaning the operating room between surgical procedures;	
0985	(ii) Provide hot and cold running water under pressure;	
0990	(iii) Assure hot water for handwashing does not exceed 120°F;	
0995	(iv) Assure cross connection controls meet the requirements of the state plumbing code; and	
1000	(v) Operate and maintain ventilation to prevent objectionable odors and excessive condensation.	