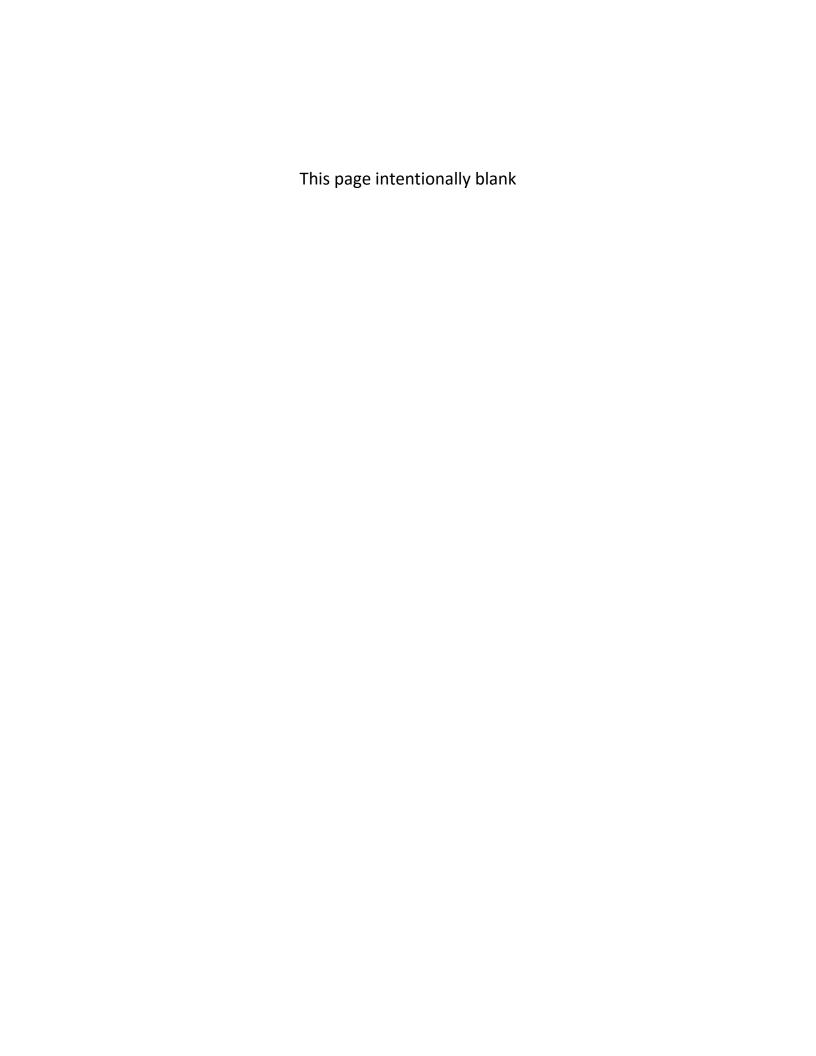


Initial Licensing Survey Surveyor Field Report

AMBULATORY SURGICAL FACILITIES LICENSING REGULATIONS CHAPTER 246-335 WAC

(Effective January 3, 2017)



	Governance: 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.	
	An ambulatory surgical facility must have a governing authority that is responsible for	
	determining, implementing, monitoring and revising policies and procedures covering the	
		Met
0095	(1) Selecting and periodically evaluating a chief executive officer or administrator;	
0095	(2) Appointing and periodically reviewing a medical staff;	
0095	(3) Approving the medical staff bylaws;	
0095	(4) Reporting practitioners according to RCW 70.230.120;	
0115	(5) Informing patients of any unanticipated outcomes according to RCW 70.230.150;	
	(6) Establishing and approving a coordinated quality performance improvement plan	
0115	according to RCW 70.230.080;	
0115	(7) Establishing and approving a facility safety and emergency training program according to RCW 70.230.060;	
	(8) Reporting adverse events and conducting root cause analyses according to RCW	
0115	70.56.020;	
	(9) Providing a patient and family grievance process including a time frame for resolving	
0115	each grievance according to RCW 70.230.080 (1)(d);	
	(10) Defining who can give and receive patient care orders that are consistent with	
0140	professional licensing laws; and	
0140	(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.	
	Leadership: WAC 246-330-120	
	This section describes leaderships' role in assuring care is provided consistently throughout	
	the facility according to patient needs.	
		Met
0150	(1) Identify patient care responsibilities for all nursing personnel;	
0 2 0 0	(2) Assure nursing services are provided in accordance with state nurse licensing law and	
0150	recognized standards of practice;	
	(3) Assure a registered nurse is available for emergency treatment at all times a patient is	
0150	present in the facility;	
	(4) Establish and implement a facility-wide procedure for double-checking drugs,	
0165	biologicals, and agents as designated by the facility;	
0165	(5) Ensure immediate staff access to and appropriate dosages for emergency drugs;	
	(6) Require individuals conducting business in the ambulatory surgical facility comply with	
0175	facility policies and procedures;	
0180	(7) Post the complaint hotline notice according to RCW 70.230.160; and	
0180	(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.	

pation Amb (1)	e purpose of this section is to improve patient care and outcomes by respecting every ient and maintaining ethical relationships with the public. bulatory surgical facilities 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 munication. If communication restrictions are necessary for patient care and safety, facility must document and explain the restrictions to the patient and family; Be protected from abuse and neglect; Access protective services;	Met
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0190 (c) B 0190 (d) A 0210 (e) C 0210 (f) T (g) B 0210 (ii) R 0210 (ii) R 0230 (h) B 0230 (i) B (j) Fa 0230 or e	Be protected from abuse and neglect;	
0190 (d) A 0210 (e) C 0210 (f) T (g) E 0210 (i) R 0210 (ii) R 0230 (h) E 0230 (i) B (j) Fa 0230 or e	- ·	
0210 (e) C 0210 (f) T (g) E 0210 (i) R 0210 (ii) F 0230 (h) E 0230 (i) B (j) Fa 0230 or e	Access protective services;	
0210 (f) T (g) E 0210 (i) R 0210 (ii) R 0230 (h) E 0230 (i) B (j) Fa 0230 or e		
(g) E 0210 (i) R 0210 (ii) F 0230 (h) E 0230 (i) B (j) F 0230 or e	Complain about their care and treatment without fear of retribution or denial of care;	
0210 (i) R 0210 (ii) R 0230 (h) E 0230 (i) B (j) Fa 0230 or e	Fimely complaint resolution;	
0210 (ii) F 0230 (h) E 0230 (i) B (j) Fa 0230 or e (2) F	Be involved in all aspects of their care including:	
0230 (h) E 0230 (i) B (j) Fa 0230 or e (2) F	Refusing care and treatment; and	
0230 (i) B (j) Fa 0230 or e (2) F	Resolving problems with care decisions.	
(j) Fa 0230 or e (2) F	Be informed of unanticipated outcomes according to RCW 70.230.150;	
0230 or e: (2) F	Be informed and agree to their care; and	
(2) F	family input in care decisions, in compliance with existing legal directives of the patient	
	existing court-issued legal orders.	
0	Provide each patient a written statement of patient rights from subsection (1) of this	
1 -	Adopt and implement policies and procedures to address research, investigation, and	
	ical trials including: How to authorize research;	
	Require staff to follow informed consent laws; and	
	· · · · · · · · · · · · · · · · · · ·	
	Not hindering a patient's access to care if a patient refuses to participate.	
	verse Events: WAC 246-330-130	
	As found in the list of serious reportable events adopted by the National Quality Forum in	
	22 (and as updated), in its consensus report on serious reportable events in health care,	
	rious disability" means a physical or mental impairment that substantially limits the	
	jor life activities of a patient.	Met
	Ambulatory surgical facilities must: Notify the department according to RCW 70.56.020 whenever an adverse event is	
' '	firmed in the facility; and	
	mines in the facility, and	
(3) T 0270 mair	Send the department a report regarding the event according to RCW 70.56.020.	

	Management of Human Resources: WAC 246-330-140	
	This section ensures that ambulatory surgical facilities provide competent staff consistent	
	with scope of services.	
	Ambulatory surgical facilities must:	Met
0280	(1) Create and periodically review job descriptions for all staff;	
0280	(2) Supervise staff performance to assure competency;	
0280	(3) Verify and document licensure, certification, or registration of staff;	
	(4) Complete tuberculosis screening for new and current employees consistent with the	
	Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare	
	Facilities, 2005. Morbidity Mortality Weekly Report (MMWR) Volume 54 , December 30,	
0295	2005;	
	(5) Provide infection control information to staff upon hire and annually which includes:	
	(a) Education on general infection control according to chapter 296-823 WAC blood borne	
	pathogens exposure control; and	
0300	(b) General and specific infection control measures related to patient care.	
	(6) Establish and implement an education plan that verifies staff training on prevention,	
	transmission, and treatment of human immunodeficiency virus (HIV) and acquired	
0300	immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310.	
	Medical Staff: WAC 246-330-145	
	This section requires development of a medical staff structure, consistent with clinical	
	competence, to ensure a safe patient care environment.	
	The medical staff must:	Met
0315	(1) Be accountable to the governing body;	
	(2) Adopt bylaws, rules, regulations, and organizational structure including an appointment	
0315	and reappointment process;	
	(3) 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	
0315	medical personnel;	
0330	(4) Periodically review and reappraise medical staff privileges using peer review data;	
	(5) Periodically review and amend the scope of procedures performed in the ambulatory	
0330	surgical facility;	
	(6) If the ambulatory surgical facility assigns patient care responsibilities to practitioners	
	other than physicians, it must have established policies and procedures, approved by the	
0340	other than physicians, it must have established policies and procedures, approved by the governing body, for overseeing and evaluating their clinical activities; and	
0340		

	Management of Information: WAC 246-330-150	
	The purpose of this section is to improve patient outcomes and ambulatory surgical facility	
	performance through obtaining, managing, and use of information.	
	An ambulatory surgical facility must:	Met
	(1) Provide medical staff, employees and other authorized persons with access to patient	
0350	information systems, resources, and services;	
0350	(2) Maintain confidentiality, security, and integrity of information;	
	(3) Initiate and maintain a medical record for every patient assessed or treated including	
0360	a process to review records for completeness, accuracy, and timeliness;	
	(4) Create medical records that:	
0360	(a) Identify the patient;	
	(b) Have clinical data to support the diagnosis, course and results of treatment for the	
0360	patient;	
0360	(c) Have signed consent documents;	
0360	(d) Promote continuity of care;	
0360	(e) Have accurately written, signed, dated, and timed entries;	
0360	(f) Indicates authentication after the record is transcribed;	
0360	(g) Are promptly filed, accessible, and retained according to facility policy; and	
0400	(h) Include verbal orders that are accepted and transcribed by qualified personnel.	
	(5) Establish a systematic method for identifying each medical record, identification of	
0405	service area, filing, and retrieval of all patient's records; and	
	(6) Adopt and implement policies and procedures that address:	
	(a) Who has access to and release of confidential medical records according to chapter	
0405	70.02 RCW;	
0405	(b) Retention and preservation of medical records;	
0405	(c) Transmittal of medical data to ensure continuity of care; and	
0405	(d) Exclusion of clinical evidence from the medical record.	

	Coordinated Quality Improvement Program: 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 improve the quality of health	
	care services provided to patients and to identify 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,	Met
	but not limited to:	
0425	(a) A written performance improvement plan that is periodically evaluated;	
	(b) Performance improvement activities that are interdisciplinary and include at least one	
0425	member of the governing authority;	
0425	(c) Prioritize performance improvement activities;	
0440	(d) Implement and monitor actions taken to improve performance;	
	(e) Education programs dealing with performance improvement, patient safety,	
0445	medication errors, injury prevention; and	
0450	(f) Review serious or unanticipated patient outcomes in a timely manner.	
	(2) Systematically collect, measure and assess data on processes and outcomes related to	
0455	patient care and organization functions;	
	(3) Collect, measure and assess data including, but not limited to:	
0455	(a) Operative, other invasive, and noninvasive procedures that place patients at risk;	
0455	(b) Infection rates, pathogen distributions and antimicrobial susceptibility profiles;	
0455	(c) Death;	
	(d) Medication management or administration related to wrong medication, wrong dose,	
0455	wrong time, near misses and any other medication errors and incidents;	
	(e) Injuries, falls, restraint use, negative health outcomes and incidents injurious to	
0455	patients in the ambulatory surgical facility;	
0455	(f) Adverse events according to chapter 70.56 RCW;	
	(g) Discrepancies or patterns between preoperative and postoperative (including	
	pathologic) diagnosis, including pathologic review of specimens removed during surgical	
0455	or invasive procedures;	
0455	(h) Adverse drug reactions (as defined by the ambulatory surgical facility);	
0455	(i) Confirmed transfusion reactions;	
0455	(j) Patient grievances, needs, expectations, and satisfaction; and	
0455	(k) Quality control and risk management activities.	

	Infection 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.	
	An ambulatory surgical facility must:	Met
0515	(1) Develop, implement and maintain a written infection control and surveillance program;	
0313	(2) Designate staff to:	
0515		
0313	(a) Manage the activities of the infection control program; (b) Assure the infection control program conforms with patient care and safety policies	
0515	and procedures; and	
	(c) Provide consultation on the infection control program, policies and procedures	
0515	throughout the entire facility.	
	(3) Ensure staff managing the infection control program have:	
0535	(a) A minimum of two years' experience in a health related field; and	
	(b) Training in the principles and practices of infection control;	
	(4) Develop and implement infection control policies and procedures consistent with	
0545	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 the 2006 CDC	
	healthcare infection control practices advisory committee guideline, Management of	
0550	Multidrug- Resistant Organisms in Healthcare Settings ;	
0550	(b) Patient care practices in all clinical care areas;	
0550	(c) Receipt, use, disposal, sterilizing, processing, or reuse of equipment to prevent disease transmission;	
0550	(d) Preventing cross contamination of soiled and clean items during sorting, processing,	
	transporting, and storage;	
	(e) Environmental management and housekeeping functions;	
	(f) Approving and properly using disinfectants, equipment, and sanitation procedures;	
	(g) Cleaning areas used for surgical procedures before, between, and after use;	
	(h) Facility-wide daily and periodic cleaning;	
0590	(i) Occupational health consistent with current practice;	
0595	(j) Clothing;	
0595	(k) Traffic patterns;	
0595	(I) Antisepsis;	
0595	(m) Handwashing;	
0595	(n) Scrub technique and surgical preparation;	
0.5.5	(o) Biohazardous waste management according to applicable federal, state, &	
0595	local regulations;	
0595	(p) Barrier, transmission and isolation precautions; and	
0595	(q) Pharmacy and therapeutics.	
	(6) Establish and implement a plan for:	
0635	(a) Reporting communicable diseases including cluster or outbreaks of postoperative	
0635	infections according to chapter 246-100 WAC; and (b) Surveying and investigating communicable disease occurrences in the ambulatory surgical	
0635	(b) surveying and investigating communicable disease occurrences in the ambulatory surgical facility consistent with chapter 246-100 WAC; and	

(c) Collecting, measuring and assessing data on infection rates, pathogen distributions and antimicrobial susceptibility profiles.

	Pharmaceutical 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.	
	An ambulatory surgical facility must:	Met
	(1) Only administer, dispense or deliver legend drugs and controlled substances to patients	
0650	receiving care in the facility;	
0650	(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;	
	(3) Establish a process for selecting medications 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:	
	(i) Purchasing, ordering, storing, compounding, delivering, dispensing and administering of controlled substances or legend drugs;	
0665	(ii) Assuring drugs are stored, compounded, delivered or dispensed according to all applicable state and federal rules and regulations;	
	(iii) Maintaining accurate inventory records and patient medical records related to the administration of controlled substances and legend drugs;	
	(iv) Maintaining any other records required by state and federal regulations;	
	(v) Security of legend drugs and controlled substances; and	
	(vi) Controlling access to controlled substances and legend drugs.	
	(b) Establishing a process for completing all forms for the purchase and order of legend drugs and controlled substances; and	
	(c) Establishing a method for verifying receipt of all legend drugs and controlled substances purchased and ordered by the ambulatory surgical facility.	

	Patient 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.	
	an annual and a second a second and a second a second and	Met
	(1) Provide personnel, space, equipment, reference materials, training, and supplies for the	
	appropriate care and treatment of patients;	
	(2) Have a registered nurse available for consultation in the ambulatory surgical facility at	
0/10	all times patients are present; (3) Adopt, implement, review and revise patient care policies and procedures designed to	
	guide staff that address:	
	(a) Criteria for patient admission;	
	(b) Reliable method for personal identification of each patient;	
	(c) Conditions that require patient transfer to outside facilities;	
	(d) Patient safety measures;	
	(e) Staff access to patient care areas;	
0730	(f) Use of physical and chemical restraints or seclusion consistent with CFR 42.482;	
	(g) 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;	
0743	authorized practitioner of advanced registered hurse practitioner,	
0745	(h) Care and handling of patients whose condition require special medical consideration;	
0745	(i) Preparation and administration of blood and blood products; and	
0745	(j) Discharge planning.	
	(4) Have a system to plan and document care in an interdisciplinary manner, including:	
	(a) Development of an individualized patient plan of care, based on an initial assessment;	
	(b) Assessment for risk of falls, skin condition, pressure ulcers, pain, medication use,	
0/65	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:	
0775	(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;	
	(b) Current needs;	
	(c) Need for discharge planning;	
0790	(d) When treating pediatric patients, the immunization status;	
0705	(e) Physical examination, if within thirty days prior to admission, and updated as needed if	
0795	patient status has changed; and	
0=0=	(f) Discharge plans when appropriate, coordinated with:	
	(i) Patient, family or caregiver; and	
0795	(ii) Receiving agency, when necessary.	

	Surgical Services: WAC 246-330-210	
	The purpose of this section is to guide the development and management of surgical	
	services.	
	An ambulatory surgical facility must:	
	(1) Adopt and implement policies and procedures that:	Met
0810	(a) Identify areas where surgery and invasive procedures may be performed;	
0810	(b) Define staff access to areas where surgery and invasive procedures are performed;	
	(c) Identify practitioner and advanced registered nurse practitioner's privileges for	
0810	operating room staff; and	
	(d) Define staff qualifications and oversight.	
	(2) Use facility policies and procedures which define standards of care;	
0030	(3) Implement a system to identify and indicate the correct surgical site prior to beginning a	
0835	surgical procedure;	
	(4) Provide emergency equipment, supplies, and services to surgical and invasive areas;	
0040	(5) Provide separate refrigerated storage equipment with temperature alarms, when blood	
0845	is stored in the surgical department; and	
	(6) 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	
0850	during surgical procedures.	
	Anesthesia Services: WAC 246-330-215	
	The purpose of this section is to guide the management and care of patients receiving	
	anesthesia and sedation.	
	An ambulatory surgical facility must:	
	(1) Adopt and implement policies and procedures that:	Met
0855	(a) Identify the types of anesthesia and sedation that may be used;	
0855	(b) Identify areas where each type of anesthesia and sedation may be used; and	
	(c) Define the staff qualifications and oversight for administering each type of anesthesia	
0855	and sedation used in the facility.	
0870	(2) Use facility policies and procedures which define standards of care; and	
	(3) Assure emergency equipment, supplies and services are immediately available in all areas	
0870	where anesthesia is used.	
	Recovery Care: WAC 246-330-220	
	The purpose of this section is to guide the management of patients recovering from	
	anesthesia and sedation.	
	An ambulatory surgical facility must:	Met
	(1) Adopt and implement policies and procedures that define the qualifications and	
0880	oversight of staff delivering recovery services;	
	(2) Assure a physician or advanced registered nurse practitioner capable of managing	
	complications and providing cardiopulmonary resuscitation is immediately available for	
0880	patients recovering from anesthesia; and	
0880	(3) Assure a registered nurse trained and current in advanced cardiac life support measures is immediately available for patients recovering from anesthesia.	

	Emergency Services: WAC 246-330-225	
	The purpose of this section is to guide the management and care of patients receiving	
	emergency services.	
	An ambulatory surgical facility must:	
	(1) Develop, implement and maintain a facility safety and emergency training program that	2.1
	includes:	Met
0005	(a) On-site equipment, medication and trained personnel to manage any medical	
0895	emergency that may arise from the services provided or sought;	1
0005	(b) A written and signed transfer agreement with one or more local hospitals that has	
	been approved by the ambulatory surgical facility's medical staff;	
0895	(c) Policies and a procedural plan for handling medical emergencies; and	
0895	(d) Define the qualifications and oversight of staff delivering emergency care services.	
	(2) Assume at least one registered nurse skilled and trained in emergency care consider an	
	(2) Assure at least one registered nurse skilled and trained in emergency care services on	
0045	duty and in the ambulatory surgical facility at all times a patient is present, who is:	
	(a) Immediately available to provide care; and	-
0915	(b) Trained and current in advanced cardiac life support.	
0025	(3) Assure communication with agencies and health care providers as indicated by patient	
0925	condition; and	
0925	(4) Assure emergency equipment, supplies and services necessary to meet the needs of patients are immediately available.	
	Management of Environment For Care: WAC 246-330-230	
	nne burbose oi inis section is to manage environmental nazaros and risks, brevent	
	The purpose of this section is to manage environmental hazards and risks, prevent accidents and injuries, and maintain safe conditions for patients, visitors, and staff.	Met
	accidents and injuries, and maintain safe conditions for patients, visitors, and staff.	Met
	accidents and injuries, and maintain safe conditions for patients, visitors, and staff. (1) An ambulatory surgical facility must create and follow an environment of care	Met
	accidents and injuries, and maintain safe conditions for patients, visitors, and staff. (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	Met
0935	accidents and iniuries, and maintain safe conditions for patients, visitors, and staff. (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.	Met
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Man	agement of Environment For Care: WAC 246-330-230 (Continued)	
	(c) Hazardous materials and waste:	
	(i) Establish and implement a program to safely control hazardous materials and waste	
0975	according to federal, state, and local regulations;	
	(ii) Provide space and equipment for safe handling and storage of hazardous materials	
0975	and waste;	
	(iii) Process to investigate all hazardous material or waste spills, exposures, and other	
0975	incidents, and report as required to appropriate authority; and	
0975	(iv) Method to educate staff on hazardous materials and waste policies and procedures.	
	(d) Emergency preparedness:	
	(i) Establish, implement and periodically review a disaster plan for internal and external	
0995	disasters that is specific to the facility and community;	
0995	(ii) Process to educate and train staff on the disaster plan;	
0995	(iii) Process to periodically conduct drills to test the plan.	
	(e) Fire safety:	
	(i) Policies and procedures on fire prevention and emergencies including an evacuation	
1010	plan; and	
	(ii) Process to orient, educate, and conduct drills with staff fire prevention, emergency	
1010	and evacuation policies and procedures.	
	(f) Medical equipment:	
	(i) Method to operate and maintain medical equipment properly, safely and according to	
1020	manufacturer's recommendations;	
1020	(ii) Perform and document preventive maintenance; and	
	(iii) Process to investigate, report, and evaluate procedures in response to equipment	
1020	failures.	
	(g) Utility systems:	
	(i) Policies and procedures to operate and maintain a safe and comfortable	
1035	environment; and	
	(ii) Process to investigate and evaluate utility systems problems, failures, or user errors	
1035	and report incidents.	
	(h) Physical environment:	
	(i) Process to keep the physical environment clean including cleaning the operating	
1045	room between surgical procedures;	
1045	(ii) Provide hot and cold running water under pressure;	
1045	(iii) Assure hot water for handwashing does not exceed 120°F;	
	(iv) Assure cross connection controls meet the requirements of the state plumbing code;	
1045	and	
	(v) Operate and maintain ventilation to prevent objectionable odors and excessive	
1045	condensation.	