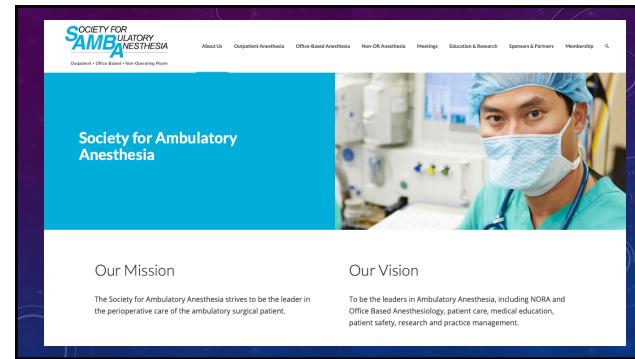
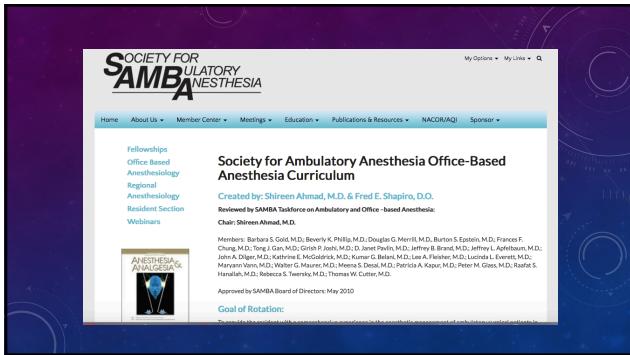


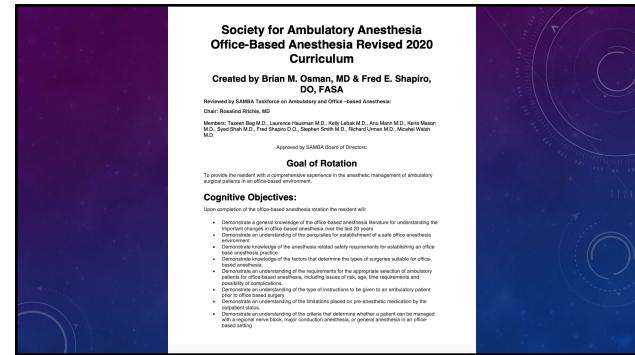
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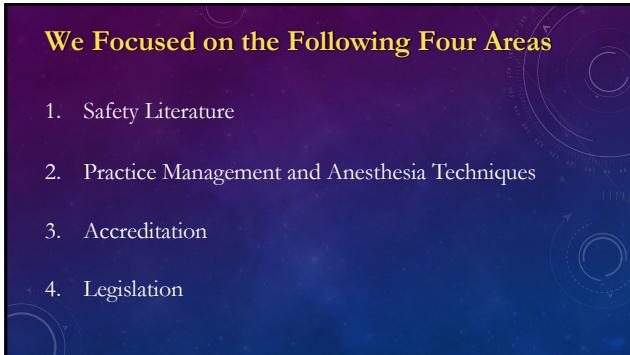
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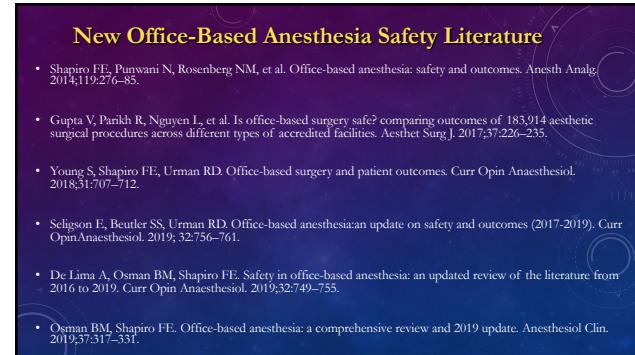
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Practice Management Updates and New Anesthesia Techniques

7

Patient's Checklist for Office-Based Procedures From the Institute for Safety in Office-Based Surgery (ISOBS)	
Inquire What are my doctor's credentials? <input type="checkbox"/> Yes <input type="checkbox"/> No Who is the doctor board-certified in? <input type="checkbox"/> Yes <input type="checkbox"/> No Who manages my records has the doctor performed any type of procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your doctor's reputation? <input type="checkbox"/> Yes <input type="checkbox"/> No Who will be giving sedation/anesesethics, if needed, and who will be managing complications during sedation? <input type="checkbox"/> Yes <input type="checkbox"/> No	 Does the doctor have privileges to perform the same procedure at a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No Who is the doctor board-certified in? <input type="checkbox"/> Yes <input type="checkbox"/> No Who manages my records has the doctor performed any type of procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your doctor's reputation? <input type="checkbox"/> Yes <input type="checkbox"/> No Who will be giving sedation/anesesethics, if needed, and who will be managing complications during sedation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Stable Are my medical conditions stable? <input type="checkbox"/> Yes <input type="checkbox"/> No Office Is the office accredited and licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No Best Is this office the best place for my procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the office accredited and the sign posted on the wall? <input type="checkbox"/> Yes <input type="checkbox"/> No Who manages and certifies the office for safety and infection control? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this office the right setting for my procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Suited Can this office handle an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No Plan What is the plan for follow-up care after the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Communication How will I be able to communicate with the office? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the office prepared for an unexpected emergency such as drugs, equipment, or training? <input type="checkbox"/> Yes <input type="checkbox"/> No If I need additional medical care, where will I be referred? <input type="checkbox"/> Yes <input type="checkbox"/> No Who will monitor my recovery and who will prescribe my discharge medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had a follow-up call or visit with your doctor or nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you communicated your questions and overall satisfaction to the office staff? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Safety Checklist for Office-Based Surgery	
From the Institute for Safety in Office-Based Surgery (ISOS)	
Introduction Informed, responsive encounter with practitioner and patient	Setting Safe patient in procedure room with physician and patient
Procedure Medication specifically marked for the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Who, what, and when of medication marked	Operation Before sedation/epidemic with practitioner and patient
Procedure Medication specifically marked for the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Who, what, and when of medication marked	Before discharge All items are ready and practitioner and patient
Procedure Medication specifically marked for the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Who, what, and when of medication marked	Assessment for pain? <input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure Medication specifically marked for the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Who, what, and when of medication marked	Assessment for nausea/ vomiting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure Medication specifically marked for the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Who, what, and when of medication marked	Responsible personnel available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure Medication specifically marked for the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Who, what, and when of medication marked	After discharge All items are ready and practitioner and patient
Procedure Medication specifically marked for the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Who, what, and when of medication marked	Discharge criteria achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure Medication specifically marked for the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Who, what, and when of medication marked	Plan for post discharge follow-up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure Medication specifically marked for the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Who, what, and when of medication marked	Escort confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments <small>Comments on the checklist or any other information you would like to share.</small>	
<small>This checklist is not intended to be comprehensive. Abilities and medications will be at risk as an encounter. Adapted from the WHO Surgical Safety Checklist.</small>	
<small>For more information on the Institute for Safety in Office-Based Surgery, visit www.isos.org.</small>	

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ISOBS Safety Checklist for Office-Based Anesthesia Crises	
Office-based Emergency Manual	
ACLS	3
1. Cardiac arrest-VF/VT	4
2. Cardiac arrest- asystole/PEA	5
3. Bradyarrhythmia- unstable	6
4. Tachyarrhythmia- unstable	7
PALS	8
5. Cordis arrest-VF/VT	9
6. Cardiac arrest- asystole/PEA	10
7. Bradyarrhythmia- unstable	11
8. Tachyarrhythmia- unstable	12
Emergency	13
9. Fire-away or surroundings	14
10- Evacuation and preparedness	15
11- Loss of Power	16
12- Loss of Oxygen	17
Critical events	
13- Allergy (e.g. Anaphylaxis (adult + ped dosing))	18
14- Difficult airway	20
15- Embolism (the venous, etc)	21
16- Hemorrhage	22
17- Hypoxemia	23
18- Hypotension (adult + ped dosing)	24
19- Hypoxia	25
20- LAST (adult + ped dosing)	26
21- Loss of consciousness	27
22- Mental status change	28
23- Myo (adult + ped dosing)	29
24- Systolic Arterial Pressure- Adverse Events	30
Administrative	
25- Transfer of care non-EP patient	31
26- Transfer of care non-EP patient	32

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Updates to Office-Based Accreditation Requirements and New Legislation

- Accreditation serves as a benchmark for patient safety
- 3 major agencies more involved:
 - Accreditation Association for Ambulatory Health Care (AAAHC)
 - The Joint Commission (TJC)
 - American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
- Increasing rules and regulation making a moving target that requires dynamic education
- Multi-specialty consensus statements published:
 - Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018
 - Joint Statement on Pediatric Dental Sedation 2019
- 33 states have laws governing the office-based practice and 26 states mandate accreditation
- Recently, the Joint Commission provides a quick reference tool on their website to review state specific requirements:
 - <https://www.jointcommission.org/accreditation-and-certification/state-recognition/>

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The Joint Commission

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State Recognition Details

State Recognition

Mary Wei
Associate Director, State Relations

The Joint Commission actively monitors state legislative and regulatory activities for the purpose of identifying additional opportunities for state reliance on Joint Commission accreditation/certification.

The Joint Commission's various state recognition programs are recognized and relied on by many states in the stated' quality oversight activities. Recognition and reliance refers to the acceptance of, requirement for, or other reliance on the use of Joint Commission accreditation, in whole or in part, by one or more governmental agencies in exercising regulatory authority. Recognition and reliance may include use of accreditation for licensing, certification or contracting purposes by various state agencies.

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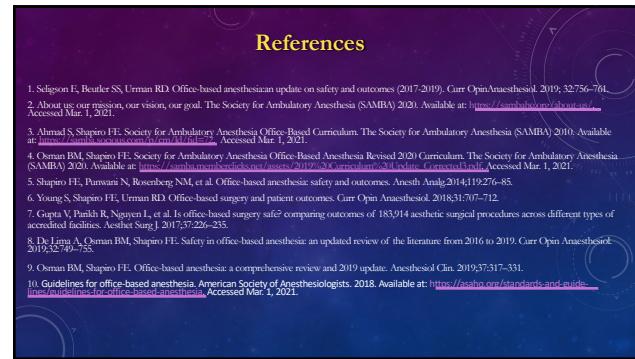
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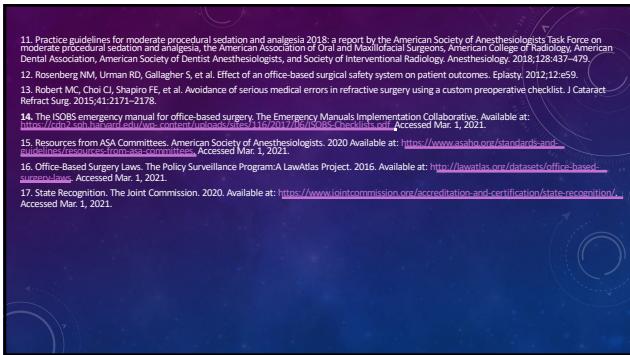
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