

Guidelines for an Office-Based Surgical Facility: Quality not Bureaucracy

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A great deal of surgical care is administered in a surgeon's office and not in the operating room. For the most part, surgical care rendered in an office setting has been determined by good surgical sense, medical ethics and the standard of medical care in the community.

The *laissez faire* environment of private medical practice, however, has changed, due in part to pressures from third-party payors, health maintenance organizations and the federal government. Widespread adoption of managed care and its practices has caused a need for evaluation of care given in the surgeon's office and establish guidelines for the management of a surgical facility. Managed care organizations, through the National Committee for Quality Assurance (a primarily private-sector organization for evaluation and accreditation of managed care organizations), have pressed for national standards for an office-based surgical facility (OSF).

Heretofore, there has been a relative lack of published guidelines to aid in the evaluation of surgical care provided in an office setting. The American College of Surgeons has recognized a need for this process. In addition, the College has recognized that compliance with standards of national accreditation organizations may be unduly burdensome or impossible for a small practice. Indeed, it is possible that those responsible for making national directives for a surgical practice have little appreciation for the reality of that practice. For these reasons, the College, in maintaining its mission of ensuring quality surgical care to all patients, has fostered the development of guidelines for surgeons, by surgeons, who provide ambulatory surgical care.

The Guidelines for Optimal Office-Based Surgery developed by the Board of Governor's Committee on Ambulatory Surgical Care is a comprehensive, commonsense application of good surgical principles to an outpatient setting. Included in these guidelines are sections on Administration, Facility Design, Ancillary Services, Surgical Care and Quality Assurance.

The chapter on administration deals with governance of an office-based surgical facility and includes guidelines for administrative personnel and patients rights. Outlined in understandable detail with appropriate references is compliance of facility design with the American with Disability Act (ADA), the Occupational Safety and Health Administration (OSHA), and standards for Exposure to Bloodborne Pathogens and Safety Management.

Also covered are suggested guidelines for the establishment of ancillary services in an OSF, including laboratory, diagnostic imaging, pathology and pharmaceutical services.

The *Guidelines* describe who is a qualified surgeon in an OSF and what is an anesthesiologist, CRNA, RN, licensed practical nurse, certified surgical technologist and physicians assistant in this entity.

Classes of a surgical facility are defined as to the level of care rendered:

Class A facility: Provides for minor surgical procedures performed under topical, local, or regional anesthesia without preoperative sedation. Excluded are intravenous, spinal, and epidural routes; these methods are appropriate for Class B and C facilities.

Class B facility: Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

Class C facility: Provides for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.¹

The minimal equipment required on site in each class of surgical facility is outlined as well as guidelines for preoperative and postoperative care.

The final section of the guidelines deals with quality assurance and underscores that quality of process and outcome is the principle goal of an OSF. Medical records, clinical records and education are discussed, along with the necessary elements to provide good surgical care.

To control our destiny in the changed health care environment, we must first discipline and control ourselves. Guidelines for good surgical practice need not be intrusive. *The Guidelines for Optimal Office-Based Surgery* were developed by practicing surgeons as a reasonable outline to describe a quality outpatient surgical practice. There is much detail in the *Guidelines* that would benefit any surgical practice.

References:

1. Guidelines for Optimal Office-Based Surgery. second edition. *American College of Surgeons*. 1996.

For a copy of the ACS Guidelines for Optimal Office-Based Surgery, contact ACS Customer Service at 633 North Saint Clair, Chicago, IL 60611 USA.
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