

# Michigan Quality Improvement Consortium Guideline

## Office-Based Surgery

The following guideline recommends core principles that promote safety and quality in the delivery of office-based procedures requiring sedation or analgesia.

Eligible Population	Key Components	Recommendation and Level of Evidence
Physicians performing office-based procedures using moderate sedation or analgesia, deep sedation or analgesia, or general anesthesia (excludes minimal sedation and local anesthesia)	Accreditation	<ul style="list-style-type: none"> <li>Moderate or higher levels of sedation must be performed at a practice site accredited by one of the following organizations [D]:               <ul style="list-style-type: none"> <li>The Joint Commission, <a href="http://jointcommission.org">jointcommission.org</a></li> <li>Accreditation Association for Ambulatory Health Care, <a href="http://aaahc.org">aaahc.org</a></li> <li>American Association for Accreditation of Ambulatory Surgical Facilities, <a href="http://aaaasf.org">aaaasf.org</a></li> <li>American Osteopathic Association and AOA Healthcare Facilities Accreditation Program</li> </ul> </li> <li>Anesthesiology group accreditation by one of the above organizations would be an acceptable alternative to practice site accreditation.</li> <li>The requirement for accreditation is intended to meet the spirit of the American Medical Association's Core Principles for Improving Office-Based Surgery, which are shown in a modified form below.</li> </ul>
	Patient selection	<ul style="list-style-type: none"> <li>Physicians should select patients for office-based procedures using moderate sedation or analgesia, deep sedation or analgesia, or general anesthesia by criteria that include the American Society of Anesthesiologists Physical Status Classification System, and they should document their ASA status.</li> <li>Physicians should only perform level III<sup>1</sup> surgery for patients with ASA physical status III<sup>2</sup> in a facility setting, not an office setting, unless medically cleared by an anesthesiologist or other physician [D].</li> </ul>
	Informed consent	<ul style="list-style-type: none"> <li>Procedures requiring moderate sedation or analgesia, deep sedation or analgesia, or general anesthesia must have a written informed consent documented.</li> <li>Consent forms should be specific to each procedure and should meet the guidelines outlined by the Federation of State Medical Boards.</li> </ul>
	Adverse incidents	<ul style="list-style-type: none"> <li>Each practice must have a method for tracking and reporting adverse incidents in a manner consistent with the FSMB.</li> <li>Each practice must implement continuous quality improvement programs documenting actions related to each adverse event [C]. Meetings to review outcomes must be held and documented no less than every six months.</li> <li>Each practice should consider a policy on apologies to patients for adverse or avoidable events.</li> </ul>
	Educational and credentialing requirements	<ul style="list-style-type: none"> <li>Physicians must have completed an accredited post-graduate training program appropriate to the procedure performed.</li> </ul>
	Hospital affiliation	<p>Physician practices performing office-based surgery using moderate sedation or analgesia, deep sedation or analgesia, or general anesthesia must have the following:</p> <ul style="list-style-type: none"> <li>Admitting privileges at a nearby hospital or a transfer agreement with another physician who has admitting privileges at a nearby hospital</li> <li>A current emergency transfer agreement maintained with a nearby hospital</li> </ul>
	Monitoring and resuscitation	<ul style="list-style-type: none"> <li>The physician performing each service must keep current credentials in advanced resuscitative techniques (e.g. ACLS, ATLS, PALS) appropriate to the types of services rendered.</li> <li>The physician must have present or immediately available age- and size-appropriate monitoring and resuscitative equipment until the patient has met the criteria for discharge from the facility.</li> <li>Other medical personnel with direct patient contact should at a minimum be trained in basic life support.</li> </ul>
	Anesthesia administration	<ul style="list-style-type: none"> <li>Physicians administering or supervising moderate sedation or analgesia, deep sedation or analgesia, or general anesthesia should have appropriate education and training in the selection, administration and recovery from anesthetics.</li> <li>Deep sedation or general anesthesia must be performed by either 1) an anesthesiologist or 2) a certified registered nurse anesthetist supervised by a qualified physician [D].</li> </ul>

<sup>1</sup> Level III office surgery involves or reasonably should require the use of general anesthesia or major conduction anesthesia and preoperative sedation. This includes the use of intravenous sedation beyond that defined for level II surgery; general anesthesia with loss of consciousness and loss of vital reflexes with probable requirement of external support of pulmonary or cardiac functions; and major conduction anesthesia, epidural, spinal and caudal. (See [asahq.org](http://asahq.org).)

<sup>2</sup> ASA Physical Status Classification System: P3 - A patient with severe systemic disease

**Levels of Evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core principles. It is based on the American Medical Association's Improving Office-Based Surgery document, 2007 ([ama-assn.org](http://ama-assn.org)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.