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Surgical Office-based and Ambulatory Surgical Center Self-Assessment Checklist

Surgical office-based practices must establish comprehensive office systems to identify and manage inherent risks effectively. Implementing a robust risk management plan is essential to ensuring patient safety. Developing office systems that target primary risk areas will not only promote optimal patient safety but also safeguard practitioners against liability. Below is a checklist of essential risk management strategies for maintaining a surgical office-based practice.

Patient Screening and Selection	Yes	No
Written preoperative assessment guidelines that outline appropriate patient selection for procedures and anesthesia.	☐	☐
Defined duration and complexity of procedures ensure same-day patient discharge to home.	☐	☐
Each patient receives a preoperative assessment and meets the approved selection criteria.	☐	☐
Other: Specify		
Plan of Anesthesia Care	**Yes**	**No**
Written anesthesia policies and procedures are consistent with the American Society of Anesthesiologists' (ASA) best practice guidelines.	☐	☐
When a physician is required to supervise the administration of anesthesia by a CRNA the supervising physician:		
Ensures an appropriate pre-anesthetic examination	☐	☐
Prescribes the anesthesia drugs to be administered	☐	☐
Is available for diagnosis, treatment, and management of anesthesia-related complications or emergencies	☐	☐
Prescribes post-anesthesia medications	☐	☐
Signs the anesthesia record	☐	☐
Ensures the provision of indicated post-anesthesia care includes:		
Documented post-anesthesia evaluation, including respiratory function (rate; airway patency; oxygen saturation), cardiovascular function (pulse rate; blood pressure), mental	☐	☐

status, temperature, pain, nausea and vomiting, and postoperative hydration	☐	☐
Written discharge instructions addressing both the procedure performed and the anesthesia received	☐	☐
Monitoring equipment, medications, and resuscitative capabilities are present for all patient populations, i.e., pediatric and bariatric.	☐	☐
Other: Specify		

Credentialing and Staff Competence	**Yes**	**No**
Credentialing of all health care practitioners is established by written policy.	☐	☐
Provider credential files include evidence of:		
Current licensure	☐	☐
Board certification or eligibility	☐	☐
An approved delineation of privileges	☐	☐
Privileges include supervision of CRNA when required	☐	☐
Privileges to perform equivalent or greater procedures at a local hospital	☐	☐
Documented training to perform privileged procedures	☐	☐
Evidence of competencies required by regulation or policy	☐	☐
Evidence of CME	☐	☐
ACLS/PALS certification	☐	☐
Periodic review as established by policy	☐	☐
CRNA credential files include evidence of:		
Current licensure	☐	☐
Scope of practice	☐	☐
An approved delineation of privileges	☐	☐
Supervisory plan	☐	☐
Documented training to perform privileged procedures	☐	☐
Evidence of competencies required by regulation or policy	☐	☐
Evidence of CME	☐	☐
ACLS/PALS certification	☐	☐
Periodic review as established by policy	☐	☐
Staff competence includes:		
Current licensure	☐	☐
Scope of practice	☐	☐
Evidence of continuing education	☐	☐
Evidence of competencies required in the job description	☐	☐
Other: Specify		

Informed Consent Process	**Yes**	**No**
The physician performing the procedure obtains the patient's consent.	☐	☐

The physician conducts a comprehensive informed consent discussion with the patient, or legal surrogate, which covers the necessity, appropriateness, and risks of the proposed surgery, treatment alternatives, including no treatment, probability of success, name of other practitioners, and significant tasks to be performed, and the patient or legal surrogate's recount of what they have been told, including an acknowledgment that their questions, if any, were answered and that they have an understanding of the procedure, including any risks or benefits. The discussion is documented in the medical record.	☐	☐
The individual responsible for administering the anesthesia obtains the patient's or legal surrogate's consent for the anesthetic, discussing possible complications and alternatives of administering anesthesia, and the patient's or legal surrogate's recount of what they have been told, including an acknowledgment that their questions, if any, were answered.	☐	☐
The use of a written consent form for the procedure and for the anesthetic, including a timed and dated patient signature indicating they understand the discussion and accept the risks outlined, is recommended. Physicians and anesthesia providers also should sign the form and document the consent discussion in the medical record.	☐	☐
Evidence of patient education about their care and consent to the procedure and anesthetic is documented in the patient's medical record with the use of patient "teach-back" or a similar form of assurance of patient understanding of their health status and procedures to be performed.	☐	☐
Other: Specify		

Pre-op Process	**Yes**	**No**
Site marking is done by the surgeon while the patient is fully alert and participates in the process. This should also be when the time out is performed pre-op with the patient's participation.	☐	☐
Uniform pre-op patient education is provided and documented for specific procedures.	☐	☐
Other: Specify		

Intra-operative Process	**Yes**	**No**
The average length of time of procedures is less than 6 hours.	☐	☐
Procedures are limited to 2 hours or less and 20% of total body surface area, if warming devices (Bair hugger), forced air warmers, or IV warmers are not available.	☐	☐
Intra-operative physiologic monitoring including:		
Continuous monitoring by an individual not participating in the procedure with knowledge and skill to recognize and treat airway complications	☐	☐
Assessment of ventilation	☐	☐
Oxygenation	☐	☐
Cardiovascular status	☐	☐
Body temperature	☐	☐
Neuromuscular function and status	☐	☐
Patient positioning	☐	☐

"Time out" was conducted with the operative team to verify the correct patient, correct side and correct site, agreement on the procedure to be done, correct patient position, and availability of special equipment and materials.	☐	☐
Medication safety includes:		
Medications and solutions, both on and off the sterile field, are labeled	☐	☐
Drug concentrations are standardized	☐	☐
Emergency medications are located in the surgical procedure area	☐	☐
Supply counts are performed (sponges, sharps, and miscellaneous items):		
Before the procedure to establish a baseline	☐	☐
Before the closure of a cavity within a cavity	☐	☐
Before wound closure begins	☐	☐
At skin closure or end of procedure	☐	☐
At the time of permanent relief of either the scrub person or the circulating nurse	☐	☐
Other: Specify		

Post-operative Care	**Yes**	**No**
A staff member trained in post-op recovery always stays with the patient until fully recovered.	☐	☐
A physician is physically present during the intra-operative period and is available until the patient has been discharged home from the office.	☐	☐
At least one person with training in advanced resuscitative techniques (ACLS or PALS) is immediately available until all patients are discharged.	☐	☐
Physician-defined discharge criteria are in writing and require stable vital signs, responsiveness and orientation, voluntary movement, controlled pain, and minimal nausea and vomiting.	☐	☐
An anesthesia provider completes a post-anesthesia evaluation when sedation or higher levels of anesthesia are received by the patient during the procedure, the evaluation includes:		
Alert and oriented or at their baseline mental status	☐	☐
Vital signs, pain, and pulse oximetry within acceptable limits/stable	☐	☐
Return to baseline ambulation status, except in the case of lower extremity procedure (e.g. ankle reduction and splint application)	☐	☐
No nausea/vomiting	☐	☐
Properly hydrated	☐	☐
Other: Specify		

Patient Discharge	**Yes**	**No**
Uniform post-op patient education is provided for specific procedures.	☐	☐
Written instructions provided and documented in the record, including:		
An emergency phone number to contact for any questions or emergencies	☐	☐
Pain management plan	☐	☐
Post-procedure diet	☐	☐
A complete list of medications, including any changes	☐	☐
Acceptable activities	☐	☐
A follow-up appointment	☐	☐

A phone number to call in case of questions or emergencies	☐	☐
Requirement that the patient must leave with a responsible adult who has been instructed regarding the patient's care when sedation, regional block, or general anesthesia has been used, only after a post-op anesthesia evaluation has been completed by the anesthesia provider. Discharge instructions must reference the anesthetic used and any discharge instructions specific to post-anesthesia care, and should include a phone number to call in case of questions and should state if there is an emergency, the patient should call 911.	☐	☐
Other: Specify		

Infection Control	**Yes**	**No**
Infection control policies and procedures are in place to prevent, identify and manage infections and communicable diseases and are in accordance with state and federal CDC guidelines.	☐	☐
Staff has annual documented training in universal precautions, practices of infection control, and disposal of hazardous waste.	☐	☐
A procedure and a quality control audit are in place for cleaning, disinfecting, and sterilizing equipment and patient care items.	☐	☐
Other: Specify		

Emergency Equipment	**Yes**	**No**
Patient monitoring equipment is available.	☐	☐
Emergency medications (atropine, epinephrine, rescue drugs: Narcan and Romazicon).	☐	☐
A defibrillator or AED.	☐	☐
A latex allergy cart or tray.	☐	☐
An ambu-bag for positive pressure ventilation.	☐	☐
A safe and reliable source of oxygen.	☐	☐
At least two sources of suction.	☐	☐
Pulse oximetry, capnography.	☐	☐
Warming blankets.	☐	☐
IV catheters and IV fluid warmers.	☐	☐
Other: Specify		

Emergency Transport	**Yes**	**No**
There is a written emergency plan, including written protocols for the timely and safe transfer of patients to a hospital within reasonable proximity when extended care due to slow recovery, complications, or emergency services is needed.	☐	☐
There is a written transfer agreement with a reasonably convenient hospital(s) where all physicians performing surgery have admitting privileges or transfer of patient care may be arranged at the facility.	☐	☐
All patient information is available to authorized healthcare practitioners, and there is a process for providing information to the receiving facility/provider.	☐	☐

Written policies and procedures identify the medical director, and organizational structure, including lines of authority, responsibilities, accountability, and supervision of personnel.	☐	☐
A process is in place to inform the primary care provider of the patient's status.	☐	☐
Other: Specify		

Policies/Procedures: Additional	Yes	No
There are clinical policies/guidelines for surgical procedures performed.	☐	☐
There are procedure-specific checklists to ensure the completion of tasks associated with the pre-op preparations for surgery.	☐	☐
There are written policies/procedures to ensure necessary personnel, equipment, and procedures are available for emergencies/disaster preparedness, e.g., surgical and other fires, power outages, weather disasters, cardiopulmonary arrest.	☐	☐
There are policies and procedures for the maintenance of accurate patient medical records, including pre-and post-operative information; process to transfer files if requested.	☐	☐
Other: Specify		

Quality Improvement	Yes	No
There is a written process that reviews, tracks, and trends patient outcomes for the purpose of identifying risk and modifying, as appropriate, care provided to improve patient outcomes.	☐	☐
There is a process in place to audit medical records for operative procedures which includes pre-procedural documentation, intra-procedural documentation, post-procedural care, and discharge instructions. Identify opportunities for improvement and implement remedial actions through the practice's performance improvement processes.	☐	☐
Other: Specify		

Risk Management Notes:

Medical Mutual's "Checklists" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.