Comparison of ACS Patient Safety Principles for Office-Based Surgery and Ohio Rules

ACS OBS PRINCIPLES	OHIO RULES
Core Principle #1 - Guidelines or regulations should be developed by states for office-based surgery according to levels of anesthesia[i] defined by the American Society of Anesthesiologists' (ASA's) "Continuum of Depth of Sedation" statement dated October 13, 1999, excluding local anesthesia or minimal sedation.	Rules cover moderate sedation/analgesia and anesthesia services (defined as deep sedation/analgesia, regional anesthesia, and general anesthesia). Liposuction procedures performed under tumescent local anesthesia also subject to the rules.
Core Principle #2 - Physicians should select patients by criteria, including the ASA Patient Selection Physical Status Classification System[ii], and so document.	For moderate sedation/analgesia or anesthesia services, or for liposuction procedures, only patients who are evaluated as P1or P2 by the ASA classification system are appropriate for office-based procedures.
Core Principle #3 - Physicians who perform office-based surgery should have their facilities accredited by JCAHO, AAAHC, AAAASF, AOA, or by a state-recognized entity such as the Institute for Medical Quality (IMQ), or be state licensed and/or Medicare certified.	Accreditation by JCAHO, AAAHC, AAAASF, AOA, or other recognized accrediting agency required for offices utilizing moderate sedation/analgesia or anesthesia services
Core Principle #4 - Physicians performing office-based surgery must have admitting privileges at a nearby hospital, or a transfer agreement with another physician who has admitting privileges at a nearby hospital, or maintain an emergency transfer agreement with a nearby hospital.	Must have privileges at a nearby hospital
Core Principle #5 - States should follow the guidelines outlined by the Federation of State Medical Boards regarding informed consent.[iii]	Informed consent as required by office accrediting agencies
Core Principle #6 - States should consider legally privileged adverse incident reporting requirements as recommended by the FSMB[iv] and accompanied by periodic peer review and a program of Continuous Quality Improvement.	No reporting requirement for adverse incidents
Core Principle #7 - Physicians performing office-based surgery must obtain and maintain board certification by one of the boards recognized by the American Board of Medical Specialties, American Osteopathic Association, or a board with equivalent standards approved by the state medical board within five years of completing an approved residency training program. The procedure must be one that is generally recognized by that certifying board as falling within the scope of training and practice of the physician providing the care.	Yes

Core Principle #8 - Physicians performing office-based surgery may show competency by maintaining core privileges at an accredited or licensed hospital or ambulatory surgical center for the procedures they perform in the office setting. Alternatively, the governing body of the office facility is responsible for a peer review process for privileging physicians based on nationally recognized credentialing standards.	Yes, in addition to completion of residency training, or completion of hands-on courses in procedure being performed
Core Principle #9 - At least one physician, who is credentialed or currently recognized as having successfully completed a course in advanced resuscitative techniques (ATLS®, ACLS, or PALS), must be present or immediately available with age and size-appropriate resuscitative equipment until the patient has met the criteria for discharge from the facility. In addition, other medical personnel with direct patient contact should at a minimum be trained in Basic Life Support (BLS).	Yes, surgeon must have current (within immediate previous two years) successful completion of ACLS or PALS within two years
Core Principle #10 - Physicians administering or supervising moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia should have appropriate education and training.	Anesthesiologists and CRNAs appropriate anesthesia providers; surgeons must have 20 hours of Category I CME relating to the delivery of anesthesia services over the course of the biennial licensure period; for moderate sedation/analgesia, surgeons must have 5 hours Category I CME relating to delivery of moderate sedation/analgesia

[i] American Society of Anesthesiologists. Continuum of depth of sedation. Available at: http//www. asahq.org/publications and services/standards/20.htm. Accessed February 27, 2003

[ii] American Society of Anesthesiologists. ASA physical status classification system. Available at: http://www.asahq.org/clinical/physical status.htm. Accessed February 27, 2003

[iii] Report of the FSMB Special Committee on Outpatient [Office-Based] Surgery

[iv] Report of the FSMB Special Committee on Outpatient [Office-Based] Surgery