# A "PRINCIPLED" APPROACH TO SURGICAL PATIENT SAFETY IN THE OFFICE SETTING

by Jon Sutton, State Affairs Associate, Division of Advocacy and Health Policy

On October 19, 2003, the American College of Surgeons' (ACS) Board of Regents approved a set of 10 fundamental patient safety principles that physicians should adhere to when performing office-based surgery (OBS) that uses moderate or deep sedation or general anesthesia (see statement on page 32). The board's action last fall was the culmination of a year-long consensus-building process that was led by the College.

The following article summarizes the efforts of many individuals in the specialty society community who joined forces with the College to develop and shape a comprehensive package of patient safety. The standards address proper patient selection and informed consent criteria, facility accreditation, emergency transfer protocols, physician training and competency, and guidelines for both physician and medical personnel regarding training in emergency resuscitative techniques.

***Call for action***

Over the past few years, the number of invasive procedures performed in the office setting has increased noticeably. Recognizing that many states still hadn't issued patient safety guidelines in this area, and understanding that a collaborative effort on the part of medicine was needed, the College took the lead role in advancing a solution to this issue by sponsoring a resolution passed at the American Medical Association's (AMA's) December 2002 Interim Meeting of its House of Delegates (HOD). In brief, the resolution called on the AMA to work with the College in "convening a work group of interested specialty societies and state medical associations to identify specific requirements for optimal office-based procedures and utilize those requirements to develop guidelines and model state legislation for use by state regulatory authorities to assure quality of office-based procedures."

On February 5, 2003, the ACS convened at its headquarters in Chicago, IL, a meeting of interested surgical specialty societies to discuss the surgical community's perspective on this issue. In addition, the College invited representatives from the American Society of Anesthesiologists (ASA) to provide information and guidance regarding

ASA's anesthesia guidelines. As a result of this meeting, most of the surgical community reached consensus on a set of 10 core principles that states should examine when moving to regulate office-based procedures.

### *Office-based surgery summit*

Having observed the College's catalytic efforts in this area, the AMA quickly followed suit with a March 17, 2003, meeting of interested parties including: surgical and medical specialty societies; state medical associations; the National Committee on Quality Assurance; and the major accrediting organizations for ambulatory and office-based surgery—the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Accreditation Association for Ambulatory Health Care, Inc. (AAAHC), American Association for Accreditation of Ambulatory Surgical Facilities, Inc. (AAAASF), and American Osteopathic Association (AOA). The AMA meeting, held in consultation with the ACS, used the 10 principles from the College's meeting as the foundation for discussion and debate.

The AMA meeting was co-chaired by LaMar S. McGinnis, Jr., MD, FACS, and Clair Callan, MD, of the AMA. The discussion focused on a walk-through of the principles document that the College and the specialty societies developed, with the work group debating the merits of each principle. After a few minor changes, the members of the panel unanimously approved the revised set of 10 principles.

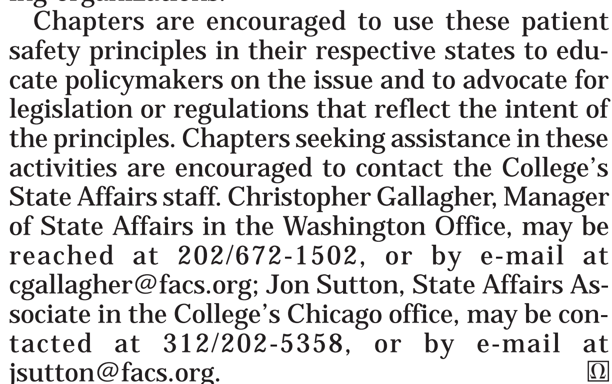
### *Bump in the road*

With the success of this collaborative process under its belt, the AMA Board of Trustees presented a report to the organization's HOD at the June 2003 annual meeting asking for adoption of the principles. When a few organizations raised some concerns about some of the principles, two negotiating sessions were convened to iron out differences of opinion. Due to the sheer importance of patient safety, the desire by the College and others to set the highest possible standards, and the complexity of the issue, the delegates agreed that the principles needed to be referred back to the trustees for further discussion and definitive action.

Following the HOD meeting, the surgical community remained united in its view that the AMA trustees should maintain the basic integrity of the principles in the March 17 document. After the College engaged in considerable dialogue and advocacy with the AMA Board of Trustees, including a special appearance by Thomas R. Russell, MD, FACS, Executive Director of the College, during a meeting of the Board of Trustees, the AMA decided to adopt the principles with only a few clarifying changes. These principles were then distributed for information to the December 2003 interim meeting of the HOD.

### *Unified front*

Dr. Russell applauded the AMA for joining the College in adopting a unified message on patient safety for surgical care in the office setting. The principles exist because of the widespread cooperation and support from many members of the surgical and medical communities, particularly the American Society of Plastic Surgeons, American Society of Anesthesiologists, and major accrediting organizations.



Chapters are encouraged to use these patient safety principles in their respective states to educate policymakers on the issue and to advocate for legislation or regulations that reflect the intent of the principles. Chapters seeking assistance in these activities are encouraged to contact the College's State Affairs staff. Christopher Gallagher, Manager of State Affairs in the Washington Office, may be reached at 202/672-1502, or by e-mail at cgallagher@facs.org; Jon Sutton, State Affairs Associate in the College's Chicago office, may be contacted at 312/202-5358, or by e-mail at jsutton@facs.org.