



AMBULATORY SURGICAL FACILITY STATE LICENSURE CHECKLIST

GOVERNANCE

The ambulatory surgical facility licensing regulations (the “Licensing Regulations”) outline the organizational guidance and oversight responsibilities of ambulatory surgical facility (“ASF”) resources and staff to support safe patient care.¹

An ASF must have a governing authority that is responsible for determining, implementing, monitoring and revising policies and procedures covering the operation of the facility. The Licensing Regulations set forth the subjects that an ASF’s policies and procedures must cover. These include the following:

- Selecting and periodically evaluating a chief executive officer or an administrator of the ASF;
- Appointing and periodically reviewing the ASF’s medical staff;
- Approving the ASF’s medical staff bylaws;
- Reporting practitioners in accordance with state law²;
- Informing patients of unanticipated outcomes in accordance with state law³;
- Establishing and approving a coordinated quality performance improvement plan in accordance with state law⁴;
- Establishing and approving a facility safety and emergency training program in accordance with state law⁵;
- Reporting adverse events and conducting root cause analyses in accordance with state law⁶;
- Providing a patient and family grievance process, including a time frame for resolving each grievance, in accordance with state law⁷;

¹ See WAC 246-330-115.

² State law sets forth requirements for an ASF to report practitioners to the Washington State Department of Health (the “Department”). See RCW 70.230.120. The chief executive officer or administrator of an ASF is required to report to the Department when the practice of a health care provider licensed by a disciplining authority under RCW 18.130.040 is restricted, suspended, limited, or terminated based upon a conviction, determination, or finding by the ASF that the provider has committed an action defined as unprofessional conduct. *Id.* The chief executive officer or administrator is also required to report any voluntary restriction or termination of the provider’s practice while the provider is under investigation or is the subject of a proceeding regarding unprofessional conduct. *Id.*

³ State law requires an ASF to have in place policies to assure that, when appropriate, information about unanticipated outcomes is provided to patients or their families or any surrogate decision makers identified pursuant to RCW 7.70.065. See RCW 70.230.150.

⁴ State law requires and sets forth specific requirements for an ASF to maintain a coordinated quality improvement program for the improvement of the quality of health care services rendered to patients and the identification and prevention of medical malpractice. See RCW 70.230.080.

⁵ State law requires an ASF to have a facility safety and emergency training program, and it sets forth specific requirements for the program. See RCW 70.230.060.

⁶ Recently adopted regulations implement the Adverse Health Events and Incident Reporting System and contain specific reporting requirements for ASFs. See WAC 246-330-130; chapter 246-302 WAC.

- Defining who can give and receive patient care orders that are consistent with professional licensing laws; and
- Defining who can authenticate written or electronic orders for all drugs, intravenous solutions, blood, and medical treatments that are consistent with professional licensing laws.

⁷ State law requires an ASF's coordinated quality improvement program to include a procedure for the prompt resolution of grievances by patients or their representatives related to accidents, injuries, treatment, and other events that may result in claims of medical malpractice. *See* RCW 70.230.080(1)(d).

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