Washington Ambulatory Surgery Center Association
Our Patients Come First

AMBULATORY SURGICAL FACILITY STATE LICENSURE CHECKLIST

COORDINATED QUALITY IMPROVEMENT PROGRAM

The ambulatory surgical facility licensing regulations (the "Licensing Regulations") are intended to ensure the establishment and on-going maintenance of a coordinated quality improvement program.[1] The intent of the program is to improve the quality of health care services provided to patients and to identify and to prevent medical malpractice. An ambulatory surgical facility ("ASF") must:

- Have a facility-wide approach to process design and performance measurement, assessment, and improving patient care services according to RCW 70.230.080 including, but not limited to:
  - A written performance improvement plan that is periodically evaluated;
  - Performance improvement activities that are interdisciplinary and include at least one member of the governing authority;
  - Prioritizing performance improvement activities;
  - Implementing and monitoring actions taken to improve performance;
  - Education programs dealing with performance improvement, patient safety, medication errors, injury prevention; and
  - Reviewing serious or unanticipated patient outcomes in a timely manner;
- Systematically collect, measure and assess data on processes and outcomes related to patient care and organization functions;
- Collect, measure and assess data including, but not limited to:
  - Operative, other invasive, and noninvasive procedures that place patients at risk;
  - Infection rates, pathogen distributions and antimicrobial susceptibility profiles;
  - Death;
  - Medication management or administration related to wrong medication, wrong dose, wrong time, near misses and any other medication errors and incidents;
  - Injuries, falls, restraint use, negative health outcomes and incidents injurious to patients in the ASF;
  - Adverse events[2];
  - Discrepancies or patterns between preoperative and postoperative (including pathologic) diagnosis, including pathologic review of specimens removed during surgical or invasive procedures;
  - Adverse drug reactions;
  - Confirmed transfusion reactions;
  - Patient grievances, needs, expectations, and satisfaction; and
  - Quality control and risk management activities.

[1] *See* WAC 246-330-155.

[2] *See* chapter 246-302 WAC.

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