

KPCO Guidelines for Determining Appropriate Ambulatory Surgery Venue

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General Guidelines

Authorized Outpatient Procedures are appropriate in an Ambulatory Surgery Center (ASC) setting when all the following criteria are met:

- A. Patient weighs less than 400 pounds with BMI no greater than 45.
- B. Post-operative ventilation due to the procedure or pre-existing health condition is not anticipated.
- C. Extensive blood loss requiring blood transfusion is not anticipated.
- D. Patient is ASA I, II, or III, or is an adult who meets the guidelines specific to ASA IV.
 - See Acceptable Surgeries for ASA IV Adult Patients below for a list of specific surgeries.
- E. Case is non-emergent/non-life threatening.
- F. ASC has appropriate surgical equipment access for the scheduled procedure.
- G. Major or prolonged invasion of body cavities is not anticipated.
- H. Involvement of major blood vessels is not required.
- I. Transfer of patient to another facility is not planned or anticipated.
- J. If the patient has an existing, stable Abdominal Aortic Aneurysm (AAA), it is no more than 4.9 cm in diameter.

Acceptable Surgeries for ASA IV Adult Patients at ASC

- I. Only local anesthetic with minimal sedation is planned.
- II. No patient with respiratory distress; patients requiring routine oxygen acceptable.
- III. No patient with an internal cardioverter-defibrillator (ICD) requiring electrocautery.
- IV. Acceptable surgeries:
 - A. Corneal transplant.
 - B. Cystoscopy.
 - C. Hand or foot surgery (minor).
 - D. Lumpectomy.
 - E. Neuroma removal (hands or feet).
 - F. Oculoplastics.
 - G. Plastic surgery (minor).
 - H. Trabeculectomy.
 - I. Vitrectomy (retrobulbar anesthesia ok).

ASA Classification for Adult Patients (Age 16 and over)

- **ASA I Patients:** These patients are healthy with no heart, lung, kidney, or liver disease.
- **ASA II Patients:** These patients have mild, systemic disease. Examples: smokers with mild lung disease, non-insulin dependent diabetics, and well-controlled hypertension.
- **ASA III Patients:** These patients have a systemic disease that restricts daily activities, but not incapacitating. Examples: insulin-dependent diabetics, mild COPD (not on oxygen at any time), stable angina (chest pain only with vigorous activity), poorly controlled hypertension, implanted pacemaker, distant history (> 6 months) of MI, CVA, and/or TIA.
- **ASA IV Patients:** These patients' disease is a constant threat to life. Examples: COPD patients (oxygen dependent at any time), clinical signs of CHF (ankle edema, shortness of breath), cannot climb one flight of stairs or walk from a car to a building without becoming short of breath, unstable angina (chest pain at rest), end-stage renal disease (on dialysis), history of an MI, CVA, TIA (< 6 months), ejection fraction less than 35%, respiratory distress at rest, and uncontrolled diabetes

ASA Classification for Pediatric Patients (Age 15 and under)

- **ASA I Patients:** These patients are healthy with no heart, lung, kidney, or liver disease.
- **ASA II Patients:** These patients have mild, systemic disease. Examples: non-insulin dependent diabetics, insulin dependent diabetics with **good** blood sugar control over the past year, obesity, well-controlled asthma (not needing ER visit within the past year), valvular heart disease which has been surgically corrected, and history of sleep apnea.
- **ASA III Patients:** These patients have a systemic disease that restricts daily activities, but not incapacitating. Examples: insulin-dependent diabetics with **poor** blood sugar control over the past year, morbid obesity, poorly-controlled asthma (needing ER visit within past three months), symptomatic valvular heart disease (i.e. cyanotic with exercise), dwarfism, airway abnormalities, and history of CHF (controlled with diuretics).

ADMISSIONS

- A. Admissions: All persons admitted to the ambulatory surgical center shall be under the direct care of a member of the provider staff. The provider staff shall ensure the continuity of care for each patient including pre-operative, intra-operative, and post-operative care. Each patient shall be provided prior to admission all necessary instruction and education for pre and post-surgical care.
- B. Restrictions: Surgical procedures shall be limited to the following: Those that do not exceed twenty-three (23) hours combined operating and recovery and/or convalescent time, and; Those that do not generally result in extensive blood loss, directly involve of major blood vessels, constitute an emergency or life threatening procedure, or there is no anticipated major or prolonged invasion of body cavities.
- C. Identification: Each patient admitted to the center shall have a visible means of identification placed and maintained on his/her person until discharge. In cases of off-site pre-planned transfer such means of identification shall be maintained throughout the period of transfer and until such time as the patient becomes a patient of another licensed facility.
- D. Admission Requirements: All admissions shall be in accordance with appropriate written policies and procedures which reflect the admission requirements established in this section, recommended by the provider staff and adopted by the governing body, specific to the ambulatory surgical center operations, that includes at least the following:
 - The physicians performing the procedure shall document in writing that the patient is in good health or that any pre-existing health conditions are adequately controlled, require no special management and are such that performance of the procedure in an ASC, rather than a hospital setting, does not pose an increased risk to the patient.
 - The patient or a responsible person acting on behalf of the patient must be able to strictly follow instructions related to ingestion of fluids or solids within the specified time frame prior to the surgery.
 - If the patient is to receive sedation or anesthetic which will result in impaired mental status following surgery, the patient must be accompanied upon discharge by a responsible adult.
 - Patients who may require post-operative ventilation following surgery, either because of the procedure to be performed or because of a pre-existing condition, shall not be admitted for surgery.
 - Surgery which requires the presence of special equipment, personnel, and/or facilities due to the risk of the operation involved shall not be performed in the center unless such equipment, personnel, and/or facilities are available in the ambulatory surgical center.
 - When overnight care is provided, appropriate services shall be rendered within the defined capabilities of the organization. If overnight care is to be provided by the facility, notice of such shall be sent to the Health Facilities Division.
 - The governing body of the facility shall have an organization wide policy on the use of smoking materials in the facility which shall be posted and disclosed to the patient upon admission.

Sources:

1. The CMS Interpretive Guidelines for ASC Coverage **§416.42(a)(1)** which states:

"The purpose of the exam immediately before surgery is to evaluate, based on the patient's current condition, whether the risks associated with the anesthesia that will be administered and with the surgical procedure that will be performed fall within an acceptable range for a patient having that procedure in an ASC, given that the ASC does not provide services to patients requiring hospitalization. The assessment must be specific to each patient; it is not acceptable for an ASC to assume, for example, that coverage of a specific procedure by Medicare or an insurance company in an ASC setting is a sufficient basis to conclude that the risks of the anesthesia and surgery are acceptable generically for every ASC patient. The requirement for a physician to examine the patient immediately before surgery is not to be confused with the separate requirement at 42 CFR 416.52(a)(1) for a pre-admission history or physical assessment performed by a physician, although it is expected that the physician will review the materials from such pre-admission examination as part of the evaluation. However, this requirement does constitute one component of the requirement at 42 CFR 416.52(a)(2) for a pre-surgical assessment upon admission. See the interpretive guidelines for that requirement. "

2. State Board of Health Ambulatory Surgery Center Regulations, 6 CCR 1011-1, Chapter XX, effective 3/2/11.

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These guidelines are informational only. They are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by practitioners, who should consider each patient's needs on an individual basis. Guideline recommendations apply to populations of patients. Clinical judgment is necessary to design treatment plans for individual patients.