cpsa
COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

Extended Stay Standards

Version June 2005 – v4

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Table of Contents

1.0 Preamble

All accredited non-hospital surgical facilities must meet the CPSA's standards to provide day-surgery.

THIS SUPPLEMENT CONTAINS ADDITIONAL STANDARDS which apply to facilities approved to provide surgical procedures where the post-operative stay of the patient may be longer than 12 hours. Such facilities are referred to as: "Extended-Stay Non-Hospital Surgical Facilities".

An NHSF approved for procedures requiring an extended-stay will need on-site expertise and resources, and sophisticated management processes not necessarily required of day-stay facilities so as to ensure that effective communication, delegation, and transfer of responsibilities occurs between health care professionals and others in the facility.

These requirements have been adapted from other accrediting agencies, including the Canadian Council on Health Services Accreditation, the Accreditation Association for Ambulatory Health Care, Joint Commission on Accreditation of Healthcare Organizations.

Some standards contained in this Supplement are also in the Standards for Non-Hospital Surgical Facilities and are repeated in this supplement for clarity.

2.0 Accreditation Intervals

2.1 Upon initial accreditation of a facility for extended-stay procedures, the accreditation interval shall be:

1. at 6 months
2. at 12 months
3. at 24 months, and
4. every 24 months thereafter.

3.0 Scope of Services

3.1 The scope and limitations of extended-stay care and services provided in the facility shall be clearly specified and communicated to:

1. physicians/surgeons who refer and admit patients to the facility;
2. staff who provide care and services in the facility;
3. patients, in advance of their admission to the facility; and
4. the Regional Health Authority in which the facility is located.

3.2 The facility shall conform to any additional requirements not contained herein but which are defined by the CPSA in respect of a particular surgical procedure at the time of approval for that facility.

4.0 Applications for Extended Stay Procedures

4.1 When submitting an application for a procedure that is not on the CPSA's approved list, the Medical Director shall provide the following:

1. a description of the procedure;
2. patient selection criteria
3. pre-operative work up requirements
4. typical length of stay
5. clinical care map
6. routine laboratory testing required during admission
7. routine diagnostic imaging required during admission
8. blood banking services required
9. nursing skill sets required to provide the pre-, intra- and post-operative care
10. the need for, qualifications of, and process to obtain surgical assistants
11. processes to ensure continued competence of personnel
12. support services required specific to the procedure
13. teaching materials/ instructions required for patients
14. common and serious risks; how they will be managed and by whom
15. description of additional procedures requiring return to the operating room
16. description of expected outcomes
17. process for ensuring patient / family input into care plan
18. discharge plan

5.0 Applications for Surgical Privileges

5.1 In addition to the Standards for Non-Hospital Surgical Facilities, applications from surgeons for each extended stay procedures shall include:

1. The number of cases of the type requested performed by the surgeon in a hospital in the past 12 months;
2. A letter from the Regional Division Chief or Regional Chief of Surgery in the same regional health authority as the facility is located attesting to the applicant's satisfactory performance of those procedures.

5.2 Practitioners with privileges to perform extended-stay procedures in the facility shall comply with the facility's rules and regulations and the CPSA's Standards for Accreditation of Extended Stay Facilities.

6.0 Teams

6.1 A record shall be readily available which identifies direct and indirect health care providers including their qualifications and their roles and scope of practice within the facility.

6.2 Policies and procedures shall ensure that each member of the team understands:

1. responsibilities for assessment and treatment of patients
2. responsibilities for communicating the progress of care to other members of the team
3. the expected course of care for each procedure (i.e. care maps)

6.3 The performance of each team member shall be evaluated annually and as necessary in response to problems. A record of evaluations shall be kept in personnel files.

6.4 Changes to policies and procedures shall be discussed at regular staff meetings and circulated to physicians and surgeons providing service in the facility.

6.5 The Medical Director shall ensure the adequate supervision of extended-stay care and services in the facility.

7.0 Physician/Surgeon Availability and On-Call Schedule

7.1 All physicians and surgeons providing service in the facility for extended procedures must be registered members of the College of Physicians & Surgeons of Alberta.

7.2 At least one physician/surgeon with current certification in ACLS shall be present in the facility for a minimum of 48 hours after an extended-stay procedure is completed for the care of patients remaining at the facility post-operatively.

7.3 Physicians/surgeons providing on-site care during the first 48 hours post-operatively shall ensure the stable condition of patients and consult with the charge nurse before leaving the facility at the end of the 48-hour period.

7.4 Physicians/surgeons providing on-site coverage shall directly communicate with relieving physicians/surgeons during transfer of care.

7.5 On-call physicians/surgeons who are not on-site shall be immediately available by telephone and shall be available on-site within 30 minutes for urgent medical matters.

7.6 A current call schedule, and a list of names (with office and home telephone / pager / cell phone numbers) of admitting and covering physicians/surgeons for the facility, shall be available to nursing staff.

7.7 There shall be arrangements for on-site care by physicians/surgeons with privileges in the facility for the assessment and treatment of medical conditions not within the usual scope of practice of the admitting surgeon.

7.8 All surgeons with admitting privileges for extended–stay procedures to the facility shall have admitting privileges to a hospital in the same community.

7.9 There shall be a policy and a procedure whereby the nurse in charge can access Emergency Medical Services in an emergency when a physician/surgeon is not immediately available.

7.10 In the event of a call-out failure, on-call physicians/surgeons will undertake immediate corrective action to prevent recurrence and communicate the corrective action taken to nursing personnel.

8.0 Criminal Record Check

8.1 All successful applicants for employment and new volunteers who provide direct care to extended-stay patients shall undergo a criminal record check satisfactory to the Medical Director prior to commencing service.

9.0 Nursing Staff

9.1 Registered nurses and other personnel shall be available in sufficient numbers and skill sets to meet patient needs during surgical procedures and during the immediate and remote recovery period. The precise number required will depend on the type of procedures performed and patients admitted to the facility. The minimum number of nursing personnel on-site for post-operative care shall be:

9.1.1 Day and Evening Shift

One nursing supervisor who must be an RN; plus

- 1 RN for up to 5 patients; plus
- 1 RN or 1 LPN for each additional 5 patients, with the requirement that when the number of patients in the facility exceeds 20, at least one of the additional staff is an RN.

[Therefore, the minimum complement of nursing staff for these shifts is:

1 – 5 patients:	1 RN supervisor + 1 RN
6 – 10 patients:	1 RN supervisor + 1 RN + 1 RN/LPN
11 – 15 patients:	1 RN supervisor + 1 RN + 2 RN/LPNs
16 – 20 patients:	1 RN supervisor + 1 RN + 3 RN/LPNs
21 – 25 patients:	1 RN supervisor +2 RNs + 3 RN/LPNs]

9.1.2 Night Time (after eleven p.m.)

One in charge RN; plus

- One RN for up to 5 patients; plus
- 1 RN or LPN for each additional 10 patients, with the requirement that when the number of patients in the facility exceeds 20, at least one of the additional staff is an RN.

[Therefore, the minimum complement of nursing staff for this shift is:

1 – 5 patients:	1 RN supervisor + 1 RN
6 – 15 patients:	1 RN supervisor + 1 RN + 1 RN/LPN
16 –20 patients:	1 RN supervisor + 1 RN + 2 RN/LPNs
21 – 25 patients:	1 RN supervisor + 2 RNs + 1 RN/LPN]

9.2 At a minimum, the following orientation and ongoing education shall be provided for nursing personnel:

1. orientation to unit including, where applicable:

- policy and procedure manuals
- infection control practices manual
- laboratory manual,
- standards of practice
- human resources policies/requirements
- emergency policies/protocols/resources
- fire safety
- specific procedure care plans
- documentation requirements and forms
- facility expectations and requirements
- WHMIS
- back injury protection
- intravenous certification
- infusion pump use & trouble shooting
- BCLS/ACLS Certification
- epidural and patient administrated medication pumps certification
- communication systems

2. annual cardiopulmonary resuscitation re-certification

3. annual review of:

- WHMIS
- back injury prevention
- fire safety
- cardiac / respiratory arrest drill
- disaster / evacuation plan

9.3 There shall be annual proof of registration with the appropriate professional regulatory body.

9.4 A registered nurse shall be designated overall responsibility in the facility for supervision of nursing practices generally and specific to the procedures performed.

9.5 All shifts shall have a designated registered nurse "in-charge" of the nursing unit.

9.6 At least one registered nurse with current certification in Advanced Cardiac Life Support and one other member of the nursing staff with current certification in cardiopulmonary resuscitation shall be on duty at all times when patients are present in the facility.

9.7 The medical director shall ensure that nursing staff are competent with the following:

1. performing procedures using aseptic technique;
2. preparing and administering intravenous infusions of fluids and medications;
3. monitoring fluid balance;
4. implementing protocols for food and fluid restrictions and for the reintroduction of fluids post-operatively;
5. monitoring and responding to vital signs;
6. implementing protocols for pain management;
7. implementing protocols for general and procedure-specific post-operative care;
8. providing airway support and oxygen;
9. providing care and management of diabetes;
10. implementing protocols for assistance of bowel function;
11. implementing protocols for assistance of bladder function;
12. implementing protocols for bed-rest and mobilization;
13. providing surgical wound care;
14. providing care in positioning, transfers and prevention of falls;
15. administering medications;
16. documenting clinical care and status; and
17. performing additional skills necessary for the post-operative care specific to surgical procedures performed in the facility.

9.8 The medical director shall ensure that, at a minimum, the following resources are immediately available to all nursing staff at all hours:

1. Policy and Procedure manuals for the facility;
2. Physician/surgeon, staff and emergency services phone / contact numbers;
3. Emergency call lists
4. Crash cart
5. Drug reference material
6. Clinical information related to procedures performed.

10.0 Support Staff

10.1 Support staff shall be available to optimize the recovery of patients from the procedures performed in the facility and may include nursing aides, physiotherapists, social workers, dieticians, and occupational therapists.

11.0 Preoperative Assessment

11.1 All patients admitted for extended-stay surgical procedures shall have a documented preoperative history & physical examination by an anesthesiologist or an internal medicine specialist prior to the planned surgery day which is available to the anesthesiologist at the time of surgery.

11.2 All patients undergoing anesthesia shall be assigned a classification of physical status by an anesthesiologist according to the American Society of Anesthetists (ASA) classification. Class IV patients shall not be accepted for extended-stay procedures in NHSFs. All Class III patients shall be discussed between the surgeon and the anesthesiologist who will be caring for the patient well in advance of the scheduled procedure and that discussion documented. The discussion should include the appropriateness of the setting, the pre-operative evaluation, and the requirements for safe intra-operative and post-operative care. Class III patients may be accepted for extended-stay procedures only if the patient's condition is very unlikely to deteriorate after anesthesia or the procedure.

ASA Physical Status Classification

ASA I	A normal healthy patient
ASA II	A patient with mild systemic disease
ASA III	A patient with severe systemic disease limiting activity but NOT incapacitating
ASA IV	A patient with INCAPACITATING systemic disease that is a constant threat to life
ASA V	A moribund patient not expected to live 24 hours with or without operation

11.3 The medical and nursing history recorded on the patient's clinical record shall include:

1. history of the present condition and diagnosis
2. symptoms present at the time of admission
3. functional inquiry
4. mental and emotional status
5. allergies
6. current medication therapy
7. previous relevant medical conditions and interventions

8. nutritional requirements
9. relevant cultural and religious preferences
10. level of patient understanding
11. identity of the patient's primary care physician/surgeon

11.4 The physical examination recorded on the patient's clinical record shall include at a minimum:

1. all positive and significant negative findings in all major systems
   vital signs

12.0 Admission

12.1 The admission policy of the facility shall detail the medical conditions that preclude admission to the facility.

12.2 Patients shall be advised of the following prior to admission:

1. the services available in the facility;
2. the potential for unanticipated transfer to a hospital for diagnostic tests or for care; and
3. the patient's responsibilities before admission and after discharge.

12.3 Patients shall be admitted or discharged only upon the order of a physician/surgeon who is responsible for their medical care.

12.4 Patients shall be orientated to the facility's:

1. physical environment
2. staff
3. routines of care
4. handling and safekeeping of valuables
5. visiting hours
6. relevant programs and services
7. information regarding patient rights and responsibilities
8. safety policies

12.5 A consent form(s) shall be signed by each patient undergoing an extended-stay procedure that shall include general aspects of medical and nursing care in the facility, in addition to procedure-specific risks associated with the surgical procedure, anesthesia, and the use of blood and blood products.

12.6 There shall be a written policy describing the conditions necessitating transfer of a patient to a hospital.

12.7 Patients declining medically advised care in the facility shall have their decision and their acknowledgment of responsibility for the potential consequences documented.

12.8 Upon admission of a patient to the extended-stay unit post-operatively, verbal communication between recovery room and in-patient unit nursing personnel shall occur and include the following information:

1. admission history and examination; and
2. operative, anesthetic and post-anesthetic recovery room records.

12.9 Allergy bracelets shall be worn by patients with allergies.

13.0 Care Planning and Implementation

13.1 The facility shall establish lines of communication with near-by hospital(s) so that staff can access immediate advice or materials required urgently.

13.2 Patients shall wear a bracelet or anklet with identifying information at all times while in the facility.

13.3 Identification bracelet / anklets worn by patients shall be checked by each nurse upon each administration of medication or blood or prior to any other procedure.

13.4 Emergency equipment and drugs required for life threatening medical emergencies shall be immediately available to the patient's bedside.

13.5 An emergency call system alerting nursing personnel on duty shall be easily activated in all patient rooms, washrooms, and lounges.

13.6 Treatment rooms shall be available to meet patient and physician/surgeon needs for special examinations or treatments during a patient's stay.

13.7 A patient whose medical condition deteriorates post-operatively to the extent of requiring the continuous monitoring of vital signs, or for whom there is a significant threat to life or limb, or otherwise for whom an accepted standard of nursing or medical care is not available in the facility, shall be transferred as soon as possible to a hospital with appropriate resources.

13.8 Appropriate isolation procedures shall be followed when any patient is admitted with or develops a suspected or diagnosed communicable disease.

13.9 There shall be written protocols for emergency access to:

1. physicians/surgeons
2. additional staff;
3. equipment and supplies from hospital or supplies;
4 transportation for patient, supplies and equipment
5. laboratory tests
6. blood products
7. diagnostic imaging
8. pharmaceuticals

13.10 There shall be specific arrangements with an accredited laboratory for the timely provision of laboratory services.

13.11 The following tests shall be available on-site:

1. blood glucose by glucometer
2. 12-lead electrocardiogram
3. radiographic imaging suitable for post-surgical assessment of patients
4. intra-operative fluoroscopic imaging for all approved procedures

13.12 The following test results shall be available within one hour when required urgently:

1. blood glucose
2. serum electrolytes
3. serum creatinine
4. hemoglobin
5. white blood cell count and differential
6. urinalysis
7. INR, PTT and platelets
8. arterial blood gases

13.13 When other test results are required urgently, consideration should be given to transferring the patient to a hospital for evaluation and treatment.

13.14 All point of care testing performed in the facility (e.g. glucometers, urinalysis) shall be included in a quality assurance program supervised by an appropriately qualified laboratory physician. Additional laboratory tests provided on-site shall conform to laboratory accreditation standards in Alberta.

13.15 The results of all laboratory tests performed in the facility shall be recorded in the patient's clinical record.

13.16 The storage and use of blood and blood products shall conform to laboratory accreditation standards in Alberta and record-keeping shall facilitate the traceability of product for purposes of look-back and trace-back.

13.17 The storage and use of implantable components and devices and the record-keeping of same shall facilitate the traceability of those items for the purposes of look-back and trace-back.

13.18 Diagnostic imaging services provided in the facility shall conform to diagnostic imaging accreditation standards in Alberta.

13.19 Security arrangements after normal working hours shall prevent visitors from gaining access to the facility without acknowledgment by a member of the clinical staff on duty.

13.20 Emergency electrical power capability shall be available at all times patients are in the facility.

13.21 There shall be an inventory control process ensuring the on-site availability of all equipment, appliances and instruments related to the surgical procedures performed, which also anticipates the range of sizes and configurations that may be required unexpectedly during procedures.

14.0 Communication

14.1 Daily rounds on each patient shall be made by a physician/surgeon with nursing staff present to assess each patient's progress in accordance with care plans and to resolve any outstanding issues of clinical care.

14.2 The date and time of all clinical visits with patients by physicians/surgeons and other care providers shall be documented in the clinical record.

14.3 All relevant information regarding a patient's health status and clinical care shall be recorded in the clinical record in a timely manner and shall be accessible to all care providers with responsibility for that patient.

14.4 Registered nursing staff shall transfer responsibility for patient care to other relieving nursing staff via a reporting system that identifies the health status of each patient, the key issues and expectations, pending test results, unusual occurrences, progress plans and a review of on-call physicians/surgeons and personnel.

14.5 Minutes of multidisciplinary team conferences shall be kept and include reviews of care maps, patient care processes, and patients' responses to care.

14.6 Care maps shall be dated as revisions are made.

14.7 Plans for the management of unexpected deviations from the care plan shall be recorded on the clinical record.

14.8 The clinical record shall indicate the opportunity and occurrence of each patient's input into care planning, progress and goals.

14.9 The clinical record shall reflect the initiation and maintenance of discharge planning during the stay.

14.10 All team members shall be advised of their responsibility to notify the charge nurse of any adverse event or deviation from expected progress.

15.0 Discharge and Follow-up

15.1 There shall be arrangements with community based health services for post-discharge care when appropriate.

15.2 Patients shall be given written discharge instructions that include medication instructions and plans for follow-up care.

15.3 A summary of care and follow-up arrangements shall be routinely communicated to the patient's primary care physician/surgeon (with the patient's consent).

16.0 Evaluation of Care and Treatment

16.1 An integrated health care record identifying all services and care provided shall be created prior to admission, which provides a continuum of clinical information regarding each patient until the time of discharge including at a minimum the following:

1. admission medical and nursing histories
2. physicians'/surgeons' orders
3. preoperative assessment and preparation
4. laboratory and other diagnostic test results
5. investigative procedures relevant to care of the patient
6. nursing operative report
7. surgeon's operative report
8. anesthetic record
9. post anesthetic recovery room record
10. daily notes of care providers
11. physician/surgeon progress notes
12. patient's progress in daily living activities
13. flow charts of patient activities
14. vital sign record
15. fluid balance sheets
16. nutritional status and intake
17. progress notes, reports, consultations
18. evidence of patient education
19. patient's response to medical nursing care treatment
20. evidence of discharge planning and instructions
21. description of patient's untoward response / incidents
22. physician's/surgeon's summary of the clinical course upon discharge
23. follow-up instructions

17.0 Infection Control and Prevention

17.1 The medical director shall provide evidence that an effective, responsive arrangement is established with a qualified infection control practitioner for timely consultation on infection prevention and control.

17.2 The facility shall have staff with a job description that includes Infection Prevention and Control responsibility. FTE assignment to Infection Control should be appropriate to the facility's patient volume and case mix.

17.3 The physical environment, including nursing care unit and supporting areas, shall permit an orderly pattern of work flow, isolation procedures when necessary, and the separation of clean and dirty materials.

17.4 The policies and procedures on the nursing unit(s) and in supporting areas shall ensure the safe handling of blood, body fluids, soiled materials, and general and biohazard wastes.

17.5 The facility shall have policies and procedures to orient and train all personnel in infection control practices.

17.6 There shall be policies and procedures approved by Infection Control consultant(s) which include, but are not necessarily limited to:

1. precautions and isolation practices to be taken in regard to specific micro-organisms.
2. isolation procedures in the event of suspected or diagnosed communicable disease in a patient in the facility.
3. equipment and supplies necessary to manage patients requiring isolation.
4. adequacy of handwashing facilities for patients and staff and reminder signage posted.
5. the use of disposable towels or single-use cloth towels. (Common towels and hot air dryers shall not be used.)
6. hand washing facilities in patient, staff and public washrooms.
7. the range of approved antiseptic agents for use prior to surgical procedures, on the patient care unit, and for environmental cleaning.
8. appropriate antiseptic dispensers and maintenance procedures at sinks, and [Note: containers of soaps, antiseptics, and other solutions shall not be topped up; containers that need to be reused shall be emptied, properly cleaned, and dried before filling. A disposable cartridge system is preferred.]
9. safe storage and handling of food products.

10. procedures for surgical and other wound care will be in place for the unit personnel.
11. a minimum distance of three feet between patient beds where more than one patient is in the room.
12. procedures for the proper handling of patient drinking water. (disposable one time use cups and straws are preferred.)
13. decontamination of reusable patient utensils and supplies between use. (As per standard 6.2.11 General Infection Prevention Measures of Standards for Non-Hospital Surgical Facilities).
14. availability of mobile laundry hampers near the point of care for soiled linen. (Personnel will take care to handle patients linen in such a way as to prevent contact with uniforms.)
15. soiled laundry shall be held in a designated area separate from any clean materials pending delivery to the specified laundry.
16. contracted laundry services shall be qualified to safely handle patient soiled linen.
17. general and biohazardous waste and sharps shall be stored in a specified safe location pending proper disposal.
18. policies, protocols and job descriptions shall include cleaning of the environment and patients' rooms and washrooms on daily, weekly, and monthly schedules and at patient discharge.

17.7 The facility shall carry out active surveillance for infectious complications of surgical procedures. Where possible, surgical site infection rates should be compared to a benchmark external infection rate.

18.0 Facility Structure

18.1 Patients' rooms for routine post-operative care should be private or semiprivate and have attached bathrooms. (Special care rooms for immediate post-operative observation may be more than two beds.)

18.2 Patients' rooms shall have oxygen and suction outlets, and a call-bell.

18.3 Patients' rooms and beds shall be accessible by stretcher, wheelchair, commode and patient-lift.

18.4 Patients' washrooms shall have emergency call bells and hand washing sinks.

18.5 The facility shall have wheelchair accessible washrooms on-site.

18.6 The facility shall have a large shower or a tub which includes wheel chair / commode access.

18.7 Patients' beds shall be equipped with side rails.

18.8 The facility shall have a specific and separate medication preparation area.

18.9 Medications requiring refrigeration shall be stored in a dedicated refrigerator.

18.10 Controlled substances/narcotics

18.10.1 One qualified individual (an RN, and LPN with medication skills, a physician or a dentist) shall be designated to have overall responsibility for ensuring that all controlled substances are handled in a manner that permits full auditing of the substances from acquisition through to patient administration.

18.10.2 There shall be a log of controlled substances received by the facility that includes the name and quantity of the drug, and the date received.

18.10.3 All controlled substances shall be kept in a designated secure and locked storage cabinet.

18.10.4 The following information shall be recorded on the log for each use of a controlled substance administered:

- Patient name
- Drug name and amount removed from inventory
- Date
- Name of the person who administered the drug

18.10.5 On each day that controlled substances are used, there shall be an end-of-day balance of the inventory of controlled substances via physical count, verified by the signatures of two qualified staff members.

18.10.6 Investigations conducted as a result of any discrepancies shall be documented.

18.11 Mobility supports including walkers, canes, crutches shall be available for patients.

18.12 Intravenous poles and infusion pumps shall be available in sufficient numbers to support the post-operative care requirements of the patient population.

18.13 Urinary catheters, nasogastric tubes, dressing materials and sundry medical supplies shall be immediately available in sufficient quantity to meet the patient care needs and stored in a manner to prevent their damage or contamination.

18.14 Clinical records shall be stored in a designated area away from public access.

19.0 Services

19.1 Laboratory

19.1.1 The medical director shall provide evidence of an effective arrangement with an accredited laboratory for the timely provision of scheduled and emergency laboratory services.

19.1.2 There shall be current laboratory policies, procedures and protocols for specimen collection, collection devices, transport criteria, requisition requirements, regular and after hours contact telephone numbers and transport are available on the nursing unit. In addition, there shall be a policy for tracking. Refer to section 5.3.2 Intra-Operative Management: Surgical of Standards for Non-Hospital Surgical Facilities September 2002.

19.1.3 Personnel with appropriate skill sets shall be available to collect specimens and prepare them for transport.

19.1.4 The results of all laboratory tests performed in the facility shall be attached to the patient's permanent health record.

19.1.5 Reference material for laboratory values shall be available to nursing personnel.

19.1.6 Nursing personnel shall notify physicians/surgeons in a timely manner of urgent / emergency laboratory values.

19.2 Diagnostic Imaging

19.2.1 The medical director shall provide evidence that an effective process is established with an accredited Diagnostic Imaging service for the timely provision of scheduled and emergency imaging services.

19.2.2 There shall be written protocols for scheduled and emergency access to diagnostic imaging procedures on-site or in an imaging facility or hospital.

19.2.3 There shall be written protocols for accessing the means of patient transportation to imaging facilities that are commensurate with the urgency, the mobility and the medical conditions of patients.

19.2.4 On-site imaging shall be available for post-surgical assessment of patients and for all approved procedures for which intra-operative imaging is required.

19.2.5 Qualified imaging technologists / technicians shall be on-site during procedures that require intra-operative imaging.

19.2.6 An imaging specialist registered in Alberta shall interpret all stored imaging studies performed on-site.

19.2.7 Diagnostic imaging services provided in the facility shall conform to diagnostic imaging accreditation standards in Alberta, including Alberta Radiation Protection standards and restrictions.

19.2.8 A retrievable electronic or hard copy of imaging studies performed on-site during the patient's stay shall be retained on-site and there shall be provision for their safe storage for a minimum of five years. Interpretive reports shall be retained on the patient's clinical record for a minimum of ten years.

19.3 Blood Products

19.3.1 The facility shall meet or exceed applicable standards of the Canadian Society for Transfusion Medicine.

19.4 Bone, Bone Product, Cells and Tissues

19.4.1 Donation to Tissue Banks

1. An NHSF which collects tissues from patients for a tissue bank shall do so under a written agreement with an approved tissue bank.
2. The agreement shall specify policies and procedures to be followed in accordance with applicable provincial and national standards and the American Associations of Tissue Banks. (eg. Packaging, labeling, transfer)
3. Donations of tissue will be an integral part of the consent and preoperative teaching of patients who are prospective donors.

19.4.2 Use of Allogenic Bone, Bone Products, Cells and Tissues in NHSFs

1. An NHSF shall only use allogenic bone, bone products, and tissues acquired from sources reviewed and deemed acceptable by the Comprehensive Tissue Centre in Edmonton or the Southern Alberta Tissue Program in Calgary.
2. The NHSF shall document compliance with all shipping, transportation and timing arrangements necessary to maintain the integrity and safety of all products received for use in patients.
3. Documentation in the health record and a central log for transplanted tissues shall include all information necessary for traceability.
4. Patients shall be given written information indicating they received an allogenic tissue or product.
5. All products shall be used only once and shall not be reprocessed, refrozen or repackaged.
6. All unused tissue and product shall be disposed as bio-hazardous waste.
7. The following references should be available on-site:
   a. Guidance Document: Basic Safety Requirements for Human Cells, Tissue and Organs for Transplantation – Health Canada, January 2003.
   b. Organ and Tissue Donation and Transplantation (OTDT) - Alberta Health, July 2003
   c. Cells, Tissues, & Organs for Transplantation & Assisted Reproduction: General Requirements – CAN/CSA-Z900.21-03
   d. Tissues for Transplantation – CAN/CSA-Z900.2.2-03
   e. Ocular Tissues for Transplantation – CAN/CSA-Z900.2.4-03

19.5 Food Services

19.5.1 The medical director should ensure that food services including purchase, storage, preparation, and service are in compliance with local provincial health department requirements.

19.5.2 Contracted or on-site food preparation shall meet the needs of the patient population with respect to medical and religious needs and restrictions.

19.5.3 The medical director shall provide evidence of the availability of a registered dietician for consultation on the needs of patients in the facility.

19.6 Pharmaceutical Services

19.6.1 Pharmaceutical services shall be supervised by a licensed pharmacist in accordance with provincial regulations for the storage, dispensing and disposal of medications.

19.6.2 Medications shall be administered to patients only by a physician/surgeon, dentist, or podiatrist or a registered nurse or a licensed practical nurse with approved training and with knowledge of the medication given.

19.6.3 Pharmacy records and pharmaceuticals shall be secured in a discreet location with access only by authorized personnel.

19.6.4 All medications and biologicals shall be checked for expiration dates on a monthly basis and expiry items shall be disposed of in a safe manner.

19.6.5 Adverse reactions shall be reported to the physician/surgeon responsible for the patient at the time of the reaction and shall be documented in the clinical record.

19.6.6 Orders given verbally by a physician/surgeon for drugs and biologicals to be administered to a patient shall be followed by a written order, signed by the physician/surgeon.

20.0 Quality Monitoring and Improvements

20.1 The Medical Director shall report annually to the CPSA on the quality monitoring and improvement activities and results in the facility.

20.2 The Medical Director shall report annually to the CPSA the following:

1. the number and type of surgical procedures performed in the facility
2. the number and type of adverse incidents in the facility
3. the number and reasons for transfer of patients to a hospital for diagnostic tests or treatment

20.3 The Medical Director shall have the following information continuously available for review by the CPSA:

1. personnel skill sets
2. personnel staffing ratios
3. rotations / staffing patterns demonstrating compliance with staffing ratios and qualifications.

21.0 Procedure-Specific Requirements

21.1 Parameters set by the CPSA for each extended-stay procedure approved for the facility shall become policy within the facility and be monitored by the facility's quality assurance program.