Health Care Regulation and Quality Improvement
800 NE Oregon Street, Suite 305
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

This letter is being sent in response to your inquiry regarding licensure of Ambulatory Surgical Centers. The Oregon Health Authority, Health Care Regulation and Quality Improvement section (HCRQI) is responsible for licensure of Ambulatory Surgical Centers in Oregon. You will need the following forms and documents:

(1) Oregon Administrative Rules, Chapter 333, Division 76, found online at: www.healthoregon.org/hcrqi

(2) License application for Ambulatory Surgical Centers, found online at: www.healthoregon.org/hcrqi

(3) Information on the Plan Review Process for Ambulatory Surgical Centers (Attached)

(4) Oregon Health Policy and Research OHRP-ASC data reporting requirements found online at:

http://www.oregon.gov/OHPPR/RSCH/Ambulatory_Surgery_Reporting.shtml

(5) Emergency Plan Requirements (Attached)

(6) Determination of Eligibility for Ambulatory Surgery Center Licensure (Attached)

When you feel that the facility is in compliance with all of the Oregon Administrative Rules for Ambulatory Surgical Centers, please complete, sign and send the license application, fee, the Determination of Eligibility for Ambulatory Surgery Center Licensure form, and a letter requesting an initial licensure survey. We will then schedule a licensing survey of your facility. If, after the survey, your facility is found to be in compliance with the licensing regulations, we will notify you and ask you to submit the license fee at that time.

If you are also interested in Medicare certification of your facility, please send a written request for the Medicare certification packet. If you have any questions regarding this process, please call this office at 971-673-0540.

Sincerely,

Client Care Surveyor
CMS Representative
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

Enclosures

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY (971) 673-0372.

AMBULATORY SURGICAL CENTERS
PLANS REVIEW PROCESS
JUNE 5, 2002

Oregon Administrative Rule (OAR), Chapter 333, Division 076 – Public Health Division, Physical Environment 333-076-0185(13)(a) Submission of Plans and Exceptions to Rules states that any party proposing to make certain alterations or additions to an existing health care facility or to construct new facilities shall, before commencing such alteration, addition or new construction, submit plans and specifications to the Licensing Plans Review Program of the Public Health Division for preliminary inspection and approval or recommendations with respect to compliance with Public Health Division rules and for compliance with National Fire Protection Association standards when the facility is also to be Medicare certified. Submission shall be in accordance with the rules of the Licensing Plans Review Program, OAR 409, Division 17. Plans should also be submitted to the local building division having authority for review and approval in accordance with state building codes.

Additionally, OAR 333-675-0000 also requires the plans review process to be completed prior to altering or adding to an existing health care facility or prior to constructing a new facility. The Licensing Plans Review Program is located at The Perry House, 880 Winter Street, NE, Salem, OR. 97301, and the telephone number is (503) 373-7201.

For Ambulatory Surgical Centers, the applicable Building Code Occupancy Classifications from the Oregon Structural Specialty Code state:

> "1.2. Health-care centers for ambulatory patients receiving outpatient medical care that may render the patient incapable of unassisted self-preservation (each tenant space accommodating more than five such patients)."
>
> "1.3. Health care centers for ambulatory patients receiving outpatient medical care which may render the patient incapable of unassisted self-preservation (when the aggregate total of such patients on that story of the building is five or fewer; as determined above under Division 1.2)."

Ambulatory Surgical Centers are exempt from the Certificate of Need process.

Health Care Licensure and Certification
800 NE Oregon Street, Suite 305
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01/28/2009

To: **Licensed Health Care Facilities**

From: **Dana Selover, MD, MPH, Section Manager**
Health Care Regulation and Quality Improvement

Re: **Emergency Planning**

All Health Care Licensing Rules have been amended to include requirements for Emergency Planning: Birthing Centers, Hospitals, Dialysis Facilities, Special In-Patient Care Facilities (Hospice) and Ambulatory Surgical Centers.

Please find enclosed both the regulatory language and a planning guide. Effective 2/1/2010, surveyors will expect to see current emergency planning documents during routine facility surveys and complaint investigations.

Please submit a copy of your emergency plan:

DHS - Health Care Regulation and Quality Improvement
800 NE Oregon Street, Suite 305
Portland, OR 97232

Electronic files are acceptable and can be sent to:

mailbox.hclc@state.or.us

If you have any questions please call your facility surveyor at 971-673-0540.

Thank You

Oregon Administrative Rules
DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH
CHAPTER 333

DIVISION 76
Ambulatory Surgical Centers

OAR 333-076-0190
Emergency Preparedness

(1) The health care facility shall develop, maintain, update, train, and exercise an emergency plan for the protection of all persons in the event of an emergency, in accordance with the regulations as specified in Oregon Fire Code (Oregon Administrative Rules 837, Division 40).
(a) The health care facility shall conduct at least two drills every year that document and demonstrate that employees have practiced their specific duties and assignments, as outlined in the emergency preparedness plan.

(2) The emergency plan shall include the contact information for local Emergency Management. Each facility shall have documentation that the local emergency management office has been contacted and that the facility has a list of local hazards identified in the county hazard vulnerability analysis.

(3) The summary of the emergency plan shall be sent to the Department within 1 year of the filing of this rule. New facilities that have submitted licensing documents to the state before this provision goes into effect also have one year from the date of license application to get their plan submitted. The Department shall request updated plans as needed.

(4) The emergency plan shall address all local hazards that have been identified by local emergency management and may include but not be limited to the following:
(a) Chemical Emergencies, Dam Failure, Earthquake, Fire, Flood, Hazardous Material, Heat, Hurricane, Landslide, Nuclear Power Plant Emergency, Pandemic, Terrorism and Thunderstorms.

(5) The emergency plan shall address the availability of sufficient supplies for staff and patients to shelter in place or at an agreed upon alternative location for a minimum of two days in coordination with local emergency management under the following conditions:
(a) Extended power outage,
(b) No running water,
(c) Replacement of food or supplies is unavailable, and
(d) Staff members do not report as scheduled.

(e) The patient is unable to return to pre-treatment shelter.

(6) The emergency plan shall address evacuation, including:
(a) Identification of individual positions' duties during vacating the building, transporting, and housing residents,
(b) Method and source of transportation,
(c) Planned relocation sites,
(d) Method by which each patient will be identified by name and facility of origin by people unknown to them,
(e) Method for tracking and reporting the physical location of specific patients until a different entity resumes responsibility for the patient, and
(f) Notification about status of evacuation to the Department.

(7) The emergency plan shall address the clinical and medical needs of the patients, including provisions to provide:
a) Storage of and continued access to medical records necessary to obtain care and treatment of patients, and the use of paper forms that would be used for the transfer of care or to maintain care on site when electronic systems are not available
(b) Continued access to pharmaceuticals, medical supplies and equipment, even during and after an evacuation, and
(c) Alternative staffing plans to meet the needs of the patients when scheduled staff members are unavailable. Alternative staffing plans could include on-call staff, the use of travelers, the use of management staff or other emergency personnel but not limited to those resources.

(8) The emergency plan shall be made available as requested by the Department and during licensing and certification surveys. Each plan will be re-evaluated and revised as necessary or when there is a significant change in the facility or population of the health care facility.

Emergency Preparedness Pamphlet

1) The first step to emergency preparedness is to think of what possible emergencies might affect the facility. In Oregon, these can include:

Fire	Tsunami	Terrorist Attack
Flood	Winter or Thunder Storm	
Earthquake	Biological Emergency (flu, etc.)	

2) The next step is to determine what emergencies are location-specific; is the facility near a chemical plant, for instance, or a large highway? Thinking of all the possible emergencies that the facility could have to deal with will prove helpful for adequate preparation.

3) Call and establish a relationship with the county emergency contact, or the designated emergency division for the state and county. Let them know the ways your facility can help in times of emergency, along with specific needs your residents may require (wheelchair transport, for instance). A list of county and state emergency persons of contact is included at the end of this pamphlet.

4) Outline an evacuation plan for the facility. Identify entry and exit points, and the routes to get to these places, along with a meeting place outside of the facility. Post copies around the facility and execute practice drills to make sure all residents are up-to-date on emergency protocol.

5) Make a continuity of operations plan. Determine what operations are critical for your residents and staff, and designate staff members to fulfill these jobs in times of emergency. In addition, note how many staff members are required for the facility to operate at emergency level. Designate a staff member to act as the contact point for other emergency services, another to take charge of insurance and billing issues with CMS and Medicare, and an organizer. (See end of pamphlet for a continuity of operations template.)

6) Consider staff-trading plans with other facilities if your workers live a fair distance from the facility.

7) Communicate and collaborate with other groups in your area—churches, other hospitals, and so on—on what you and the area will do in times of emergency. A reliable and strong network is helpful to responding quickly in an emergency.

Emergency Checklist

This list addresses nursing homes, dialysis centers, and home health agencies, but addresses needs of all types of facilities. In times of emergency, make sure you have:

- a 3-day food supply available for the residents if not already in place—and take into account dietary restrictions and amounts of water necessary.
- a list of general emergency contacts at hand. This includes contacts for the county, hospital, and state; these are attached with this sheet. Make sure the local contacts are aware of any services your patients might need regarding transport.
- a list of in-state and out-of-state contacts for all of your residents.
- a non-phone-based way to communicate with emergency services and contacts, such as a radio. Know how to set up the communication line you decide to use, and run tests to make sure it works properly.
- a generator in place for any machinery that is essential to keep running, and train staff in how to use it.
- a carpooling system in place for transport to and from hospitals.
- paper copies of your residents' medical records ready for those who need them, and give residents a way to easily identify themselves and the specificities of their medical condition, such as a small laminated card. This will be useful in case a resident needs to go to a larger hospital.

Become familiar with your county emergency contact, and ask about HAN/how to obtain its updates. (For more information, see http://www.oregon.gov/DHS/ph/preparedness/han/index.shtml)

Consider going over the emergency plan with your staff when first hired if this is not already done.

The CDC has an online guide to shelter-in-place, or taking shelter without exiting the building, at http://www.bt.cdc.gov/preparedness/shelter/.

References include:
http://www.therenalnetwork.org/about/disaster.php
http://www.esrdnetwork4.org/downloads/emerbook.pdf

Links to Online Templates and Sample Plans

*http://www.fema.gov/pdf/library/epc.pdf - FEMA's emergency preparedness checklist

*http://www.pandemicflu.gov/plan/tab6.html/ - checklists for pandemic flu

*http://www.co.benton.or.us/health/publichealth/documents/IncidentSpAnnxCBioTerror.pdf -Sample plan for biological emergencies from Benton County

*http://www.oregon.gov/OMD/OEM/ - the State of Oregon's emergency

management web page

Ambulatory Surgery Center Suggestions

- Consider how the facility can integrate with the larger emergency planning community (hospitals, EMS, state organizations). In the case of an emergency, coordination between different facilities is key to effective response, and is fairly easy to initiate. Which hospitals might require the transfer of patients to the surgery center, for instance? Can the surgery center perform triage or other emergency services?
- Describe transportation plans that are in place—vans rented or sharing programs, etc.
- Make records of special skills staff may have that can be helpful in times of emergency—foreign languages spoken, for instance.
- Describe the center's overflow capabilities:
    - Number of beds
    - Type of care that can be administered
    - Location: If urban, might there be a high volume of inpatients?
    - Protective equipment available in case of disease outbreak
    - Communication plan—how will alerts be issued to patients and families of staff, or received from other organizations (state organizations, EMS, etc.)?

References include:
http://www.fdhc.state.fl.us/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/forms/ASC_CEMP_Reconstructed_122104.pdf
http://www.oregon.gov/DHS/ph/preparedness/surge_capacity/surge_cap_survey.pdf

* Florida criteria for ambulatory surgery centers:
  http://www.fdhc.state.fl.us/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/forms/ASC_CEMP_Reconstructed_122104.pdf
* Template from Escambia-Emergency.com:
  http://www.escambia-emergency.com/pdfs/disaster_plan/Ambulatory_Surgery_Center_Disaster.pdf

Suggestions for Dealing with Bioterrorism or Flu Outbreak

- Make sure protective gear is available for workers, in order to ensure that as many people as possible are protected and the disease does not spread – masks, possibly HAZMAT suits (if feasible)

- Establish protocols for identifying and isolating infected or at-risk persons –

ID cards, books, and so on.

- Establish relationships with other facilities and consider implementing staff-sharing procedures. Brainstorm methods staff can communicate with the facility if they are unable to come to work.

  References include:
  www.oregon.gov/DHS/ph/acd/flu/oregonfluplan.pdf - state of Oregon flu plan
  http://www.oregon.gov/DHS/ph/spotlight/panflu/panflupreparedness.shtml - state of Oregon flu preparedness website
  A template is available at:
  http://www.cdc.gov/ncidod/dhqp/pdf/bt/13apr99APIC-CDCBioterrorism.PDF

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Determination of Eligibility for Ambulatory Surgery Center Licensure

Facility Name: _____Date:_____

Administrator Name: _____

According to Oregon Administrative Rule 333-076-0101(1)(a) & (b), an Ambulatory Surgery Center is defined as:

"A facility or portion of a facility that operates exclusively for the purpose of providing surgical services to patients who do not require hospitalization and for whom the expected duration of services does not exceed 24 hours following admission. An ASC does not mean individual or group practice offices of private physicians or dentists that do not contain a distinct area used for outpatient surgical treatment on a regular and organized basis, or that only provide surgery routinely provided in a physician's or dentist's office using local anesthesia or conscious sedation; or a portion of a licensed hospital designated for outpatient surgical treatment."

Please answer the following questions:

1. Where, in your facility, do you perform outpatient surgeries/procedures? (Check all that apply)

☐ Surgical Suite ☐ Procedure Room ☐ Exam Room ☐ Other (list) _____

2. Is this a distinct area, specifically used for surgeries/procedures?

☐ Yes ☐ No

3. How often do you perform surgeries/procedures per week? (Please estimate average total amount of surgeries/procedures)

____ Total surgeries/procedures per week Other (explain)_____

4. Please list the types of surgeries/procedures you perform and the estimated frequency of those listed surgeries/procedures per week in the table below. (If you need additional space, please list additional surgeries/procedures on a separate piece of paper and include with this form)

Types of surgeries/procedures	Estimated number per week
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

5. What type(s) of anesthesia are used for the types of surgeries/procedures listed in # 4 above? (Check all that apply)

☐ Local or Conscious Anesthesia ☐ Other Anesthesia (list) _____

6. Do you ever use general anesthesia or deep sedation during surgeries/procedures?

☐ Yes ☐ No

Facility Administrator: I attest, under penalties of perjury, that I have answered all the above questions to the best of my knowledge and belief; and that this information is true, correct and complete.

Administrator Signature: _____ Date: _____

Print Name: _____

Please mail this form to: Health Care Regulation and Quality Improvement
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