

Required and Additional Accreditation Standards by Approved Accreditation Agency

	California Health and Safety Code	Medical Board of California - Accreditation Standards	AAAASF	AAAHc	IMQ	JC
1	HSC 1248.15(a)(1)	Outpatient setting allied health staff shall be licensed or certified to the extent required by state or federal law.	X	X	X	X
2	HSC 1248.15(a)(2)(A)	Outpatient settings shall have a system for facility safety and emergency training requirements.	X	X	X	X
3	HSC 1248.15(a)(2)(B)	There shall be onsite equipment, medication, and trained personnel to facilitate handling of services sought or provided and to facilitate handling of any medical emergency that may arise in connection with services sought or provided.	X	X	X	X
4	HSC 1248.15(a)(2)(C)(i)	Have a written transfer agreement with a local accredited or licensed acute care hospital, approved by the facility's medical staff	X	X	X	X
5	HSC 1248.15(a)(2)(C)(ii)	Permit surgery only by a licensee who has admitting privileges at a local accredited or licensed acute care hospital, with the exception that licensees who may be precluded from having admitting privileges by their professional classification or other administrative limitations, shall have a written transfer agreement with licensees who have admitting privileges at local accredited or licensed acute care hospitals.	X	X	X	X
6	HSC 1248.15(a)(2)(C)(iii)	Submit for approval by an accrediting agency a detailed procedural plan for handling medical emergencies that shall be reviewed at the time of accreditation. No reasonable plan shall be disapproved by the accrediting agency.	X	X	X	X
7	HSC 1248.15(a)(2)(D)	In addition to the requirements imposed in subparagraph (C), the outpatient setting shall submit for approval by an accreditation agency at the time of accreditation a detailed plan, standardized procedures, and protocols to be followed in the event of serious complications or side effects from surgery that would place a patient at high risk for injury or harm or to govern emergency and urgent care situations. The plan shall include, at a minimum, that if a patient is being transferred to a local accredited or licensed acute care hospital, the outpatient setting shall do all of the following:	X	X	X	X
8	HSC 1248.15(a)(2)(D)(i)	Notify the individual designated by the patient to be notified in case of an emergency.	X	X	X	X
9	HSC 1248.15(a)(2)(D)(ii)	Ensure that the mode of transfer is consistent with the patient's medical condition.	X	X	X	X
10	HSC 1248.15(a)(2)(D)(iii)	Ensure that all relevant clinical information is documented and accompanies the patient at the time of transfer.	X	X	X	X
11	HSC 1248.15(a)(2)(D)(iv)	Continue to provide appropriate care to the patient until the transfer is effectuated	X	X	X	X

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12	HSC 1248.15(a)(2)(E)	All physicians and surgeons transferring patients from an outpatient setting shall agree to cooperate with the medical staff peer review process on the transferred case, the results of which shall be referred back to the outpatient setting, if deemed appropriate by the medical staff peer review committee. If the medical staff of the acute care facility determines that inappropriate care was delivered at the outpatient setting, the acute care facility's peer review outcome shall be reported, as appropriate, to the accrediting body or in accordance with existing law.	X	X	X	X
13	HSC 1248.15(a)(4)	Outpatient settings shall have a system for maintaining clinical records.	X	X	X	X
14	HSC 1248.15(a)(5)	Outpatient settings shall have a system for patient care and monitoring procedures.	X	X	X	X
15	HSC 1248.15(a)(6)(A)	Outpatient settings shall have a system for quality assessment and improvement.	X	X	X	X
16	HSC 1248.15(a)(6)(B)	Members of the medical staff and other practitioners who are granted clinical privileges shall be professionally qualified and appropriately credentialed for the performance of privileges granted. The outpatient setting shall grant privileges in accordance with recommendations from qualified health professionals, and credentialing standards established by the outpatient setting.	X	X	X	X
17	HSC 1248.15(a)(6)(C)	Clinical privileges shall be periodically reappraised by the outpatient setting. The scope of procedures performed in the outpatient setting shall be periodically reviewed and amended as appropriate.	X	X	X	X
18	HSC 1248.15(a)(7)	Outpatient settings regulated by this chapter that have multiple service locations shall have all of the sites inspected.	X	X	X	X
19	HSC 1248.15(a)(8)	Outpatient settings shall post the certificate of accreditation in a location readily visible to patients and staff.	X	X	X	X
20	HSC 1248.15(a)(9)	Outpatient settings shall post the name and telephone number of the accrediting agency with instructions on the submission of complaints in a location readily visible to patients and staff.	X	X	X	X
21	HSC 1248.15(a)(10)	Outpatient settings shall have a written discharge criteria.	X	X	X	X

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22	HSC 1248.15(b)	Outpatient settings shall have a minimum of two staff persons on the premises, one of whom shall either be a licensed physician and surgeon or a licensed health care professional with current certification in advanced cardiac life support (ACLS), as long as a patient is present who has not been discharged from supervised care. Transfer to an unlicensed setting of a patient who does not meet the discharge criteria adopted pursuant to paragraph (10) of subdivision (a) shall constitute unprofessional conduct.	X	X	X	X
23	HSC 1248.15(c)	An accreditation agency may include additional standards in its determination to accredit outpatient settings if these are approved by the board to protect the public health and safety.	X	X	X	X
24	HSC 1248.15(d)	No accreditation standard adopted or approved by the board, and no standard included in any certification program of any accreditation agency approved by the board, shall serve to limit the ability of any allied health care practitioner to provide services within his or her full scope of practice. Notwithstanding this or any other provision of law, each outpatient setting may limit the privileges, or determine the privileges, within the appropriate scope of practice, that will be afforded to physicians and allied health care practitioners who practice at the facility, in accordance with credentialing standards established by the outpatient setting in compliance with this chapter. Privileges may not be arbitrarily restricted based on category of licensure.	X	X	X	X
25	HSC 1248.15(g)	As part of the accreditation process, the accrediting agency shall conduct a reasonable investigation of the prior history of the outpatient setting, including all licensed physicians and surgeons who have an ownership interest therein, to determine whether there have been any adverse accreditation decisions rendered against them. For the purposes of this section, "conducting a reasonable investigation" means querying the Medical Board of California and the Osteopathic Medical Board of California to ascertain if either the outpatient setting has, or, if its owners are licensed physicians and surgeons, if those physicians and surgeons have, been subject to an adverse accreditation decision.	X	X	X	X

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1a	Patient Rights and Responsibilities	Patients are treated with respect, consideration, dignity, and provided appropriate privacy.	X	X	X	X
2a	Patient Rights and Responsibilities	There is a process for patients to express their concerns and report problems.	X	X	X	X
3a	Patient Rights and Responsibilities	When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by patients.		X	X	X
4a	Patient Rights and Responsibilities	Patients are provided, to the degree known, information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.	X	X	X	X
5a	Patient Rights and Responsibilities	Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.	X	X	X	X
6a	Patient Rights and Responsibilities	Information is available to patients concerning their rights and responsibilities.	X	X	X	X
7a	Administration	Administrative policies, procedures and controls are established and implemented to ensure the orderly and efficient management of the organization.	X	X	X	X
8a	Administration	Personnel policies are established and implemented to facilitate attainment of the mission, goals, and objectives of the organization.	X	X	X	X
9a	Administration	Records of work injuries or illnesses are maintained, consistent with reporting requirements, and employee health records are managed appropriately.	X	X	X	X
10a	Administration	The physician must report to the accreditation agency within 15 days any transfer to a hospital or emergency center for medical treatment that exceeds 24 hours, any subsequent admission to the hospital, and any occurrence of a death within seven days of a procedure performed at the surgery center.			X	

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11a	Administration	Facility must report, within 10 days, any adverse action taken against it by other entities, such as: state departments of public health or other state agencies, the Centers for Medicare & Medicaid Services or other federal entities, and other private accreditation entities.	X (policy)		X	
12a	Administration	Facility must report to the accreditation agency, within 15 days, any significant event.		X		

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13a	Administration	Accredited organizations are required to notify the accreditation agency within twenty-four hours of the death of a patient that occurs within 7 days of a procedure, regardless of where the death occurred.			X	
14a	Administration	Any death occurring in an accredited facility, or any death occurring within thirty (30) days of a surgical procedure performed in an accredited facility, must be reported within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must also be reported as an unanticipated operative sequela in the semi-annual Peer Review report. In the event of a death occurring within thirty (30) days of an operation done in an accredited facility, an unannounced inspection may be done by a senior inspector.	X			
15a	Personnel and Credentialing	Physicians using registry nurses or technicians have a responsibility to: a) Confirm identity with a picture ID and keep a copy of the clinical license and ID verification on file; and b) Ensure that verification of licensure, credentials, and competency has been performed by the registry company. The registry contract should specify that the registry has performed these verification responsibilities. Registry staff should also receive orientation. Note: Some registries use "self-assessment" as a means to determine competency. This is not an acceptable form of competency determination.		X	X	X
16a	Personnel and Credentialing	The organization has a fair hearing and appeal process for addressing adverse decisions.	X (policy)	X		X

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17a	Personnel and Credentialing	<p>All individuals using the facility must meet one of the following criteria:</p> <ol style="list-style-type: none"> 1. A Doctor of Medicine certified or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS). 2. A Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS). 3. A podiatrist certified or eligible for certification by the American Board of Podiatric Surgery (ABPS). 4. An oral and maxillofacial surgeon certified or eligible for certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) 	X			
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		Additional Accreditation Standards	AAAAS F	AAAHCC	IMQ	JC
18a	Personnel and Credentialing	The Medical Director must be a physician certified or eligible for certification by either an American Board of Medical Specialties (ABMS medical or surgical specialty certifying boards), or by The American Osteopathic Association Bureau of Osteopathic Specialists (AOABS).	X			
19a	Quality of Care	Processes to reduce and avoid medication errors.	X	X	X	X
20a	Quality of Care	The organization has policies and procedures for identifying, storing, and transporting laboratory specimens and biological products. The policies and procedures include logging and tracking to ensure that results for each specimen are obtained and have been reported to the ordering physician in a timely manner.	X	X	X	X
21a	Facilities and Environment	Provide a functionally safe and sanitary environment for its patients, personnel, and visitors.	X	X	X	X
22a	Surgical and Related Services	Policies and procedures should be established and implemented for Laser, Light-Based Technologies, and Other Energy-Emitting Equipment.	X	X	X	X
23a	Surgical and Related Services	Extraction and post-operative care standards governing body liposuction procedures performed in a non-hospital setting.	X		X	X

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24a	Surgical and Related Services	Renal lithotripsy services made available by the organization meet the needs of the patients and are provided in accordance with ethical and professional practices as well as legal requirements.		X	X	X
25a	Pharmaceutical Services	Pharmaceutical services provided or made available by an accreditable organization meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements.		X	X	X
26a	Pathology and Medical Laboratory Services	Pathology and medical laboratory services provided or made available by an accreditable organization meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements.	X	X	X	X
27a	Diagnostic and Other Imaging Services	Imaging services, including those used for diagnosing, monitoring, or assisting with procedures provided or made available by an accreditable organization, meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements.	X	X	X	X
28a	Dental Services	Dental services provided or made available by an accreditable organization meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements.	X	X	X	X

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29a	Other Professional and Technical Services	Professional and technical services provided or made available by an accreditable organization, even though they are not specifically mentioned, meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements. Services may include, but are not limited to: various medical services, rehabilitation services (physical, occupational, vocational therapy), massage therapy, acupuncture, registered dietitians, aestheticians, audiologists, and other individuals who provide services to patients and may submit separate charges for their services.		X	X	X
30a	Other Professional and Technical Services	Organizations providing travel medicine services will ensure that these services are appropriate to the needs of the patient and are adequately supported by the organization's clinical capabilities.		X	X	
31a	Transplant Safety	The organization uses standardized procedures for managing tissues.		X	X	X
32a	Health Education and Health Promotion	All health education and health promotion services provided or made available by the organization are appropriate to the needs of the population served.		X	X	X
33a	Behavioral Health Services	Behavioral health services are provided or made available by an accreditable organization to meet the needs of its clients and the population served.		X	X	X

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34a	Teaching and Publication Activities	If staff is involved in teaching or publishing, an accreditable organization has policies governing those activities that are consistent with its mission, goals, and objectives.		X		
35a	Research Activities	If research is conducted, an accreditable organization establishes and implements policies governing research that are consistent with its mission, goals and objectives, and with its clinical capabilities.		X		X
36a	Overnight Care and Services	If an accreditable organization provides overnight care (i.e., has patients that are not discharged from the facility on the day they were admitted to the facility) and related services, such care and services meet the needs of the patients served and are provided in accordance with ethical and professional practices and legal requirements.	X	X	X	X
37a	Occupational Health Services	Occupational health services are accurately portrayed to patients, employees and purchasers of the services.		X	X	X
38a	Immediate/Urgent Care Services	If an accreditable organization implies by its activities, advertising, or practices that its primary mission is to provide medical care of an urgent or immediate nature on a non-appointment basis, such care meets the needs of the patients it intends to serve. Such immediate care and urgent care is provided in accordance with ethical and professional practices and adheres to applicable local, state, and federal requirements.		X	X	X
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39a	Emergency Services	If an accreditable organization implies by its activities, advertising, or practice that it provides emergency services on a regular basis to meet life-, limb-, or function-threatening conditions, such services meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements.		X	X	X
40a	Radiation Oncology Treatment Services	Radiation oncology treatment services provided or made available by an accreditable organization meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements.		X	X	X
41a	Medical Home	The services provided by an accreditable Medical Home are patient-centered, physician, nurse practitioner or physician assistant directed, comprehensive, accessible, continuous, and organized to meet the needs of the individual patients served.		X		X