

Standards of care for unispeciality ambulatory surgery centres: the plastic surgery model

The American Association for Accreditation of Ambulatory Plastic Surgery Facilities, Inc. (AAAAPSF) was formed in 1980 to assure the safety of patients undergoing operative procedures in office-based ambulatory surgery units. Standards formulated by the AAAAPSF address issues of patient care, quality assurance, personnel, equipment, safety and administrative support. Adherence to these standards is assured through a voluntary accreditation process.

Accreditation by the AAAAPSF identifies the facility as one which:

1. Is owned/directed by an ABMS board certified plastic surgeon holding comparable hospital privileges for the procedures done in the outpatient centre and who adheres to the ethical principles of the American Society of Plastic and Reconstructive Surgery.
2. Has successfully completed a quality assurance programme and participates in peer review through a PRO organization.
3. Adheres to the laws and regulations affecting the operation of the facility (i.e. OSHA bloodborne pathogens, Americans with Disabilities Act, etc.)
4. Meets the standards set forth by the AAAAPSF.

Accreditation consists of a two-fold review which includes a self evaluation and a site visit by voluntary inspectors who are certified by the American Board of Plastic Surgery and who own and or direct an AAAAPSF accredited facility. To promote objectivity no inspector may review a facility within his/her own community. The inspectee may select from amongst three potential inspectors nominated by the AAAAPSF. Reciprocal inspections are not permitted.

The inspector reviews every aspect of the surgery centre, including but not limited to: patient charts,

personnel records and qualifications, safety procedures and patient selection criteria. Also assessed are the scope of procedures performed, to assure that the surgeon has comparable hospital privileges. Findings are processed by computer and are provided to the facility to allow for correction of deficiencies. The data, including correction of deficiencies, are evaluated by the credentialing committee and then go to the Board of Directors who may issue full accreditation (3 years), provisional accreditation (minor deficiencies which must be corrected within 90 days) or denial of accreditation.

Centres are classified and accredited according to differing levels of capability as follows:

Class A: Centres performing minor plastic surgery procedures using local, regional or topical anaesthesia.

Class AB: Centres performing minor or major plastic surgery procedures using intravenous or parenteral sedation, analgesia, or dissociative drugs not requiring intubation of the airway.

Class ABC: Centres performing major plastic surgery procedures using intravenous, parenteral sedation, analgesia, or dissociative drugs requiring intubation or using general anaesthesia.

This classification was developed to assure the highest quality of safe patient care. These categories are listed in the site visitors checklist and adherence to the standard established for a particular class is carefully assessed by the site visitor.

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