

AMBULATORY SURGERY CENTERS

State of Nevada
Department of Health and Human Services
Health Division

April 21, 2008

LEGISLATIVE COMMITTEE ON HEALTH CARE

Exhibit C - HEALTH CARE Meeting Date: 4-21-08 Entire Exhibit Provided

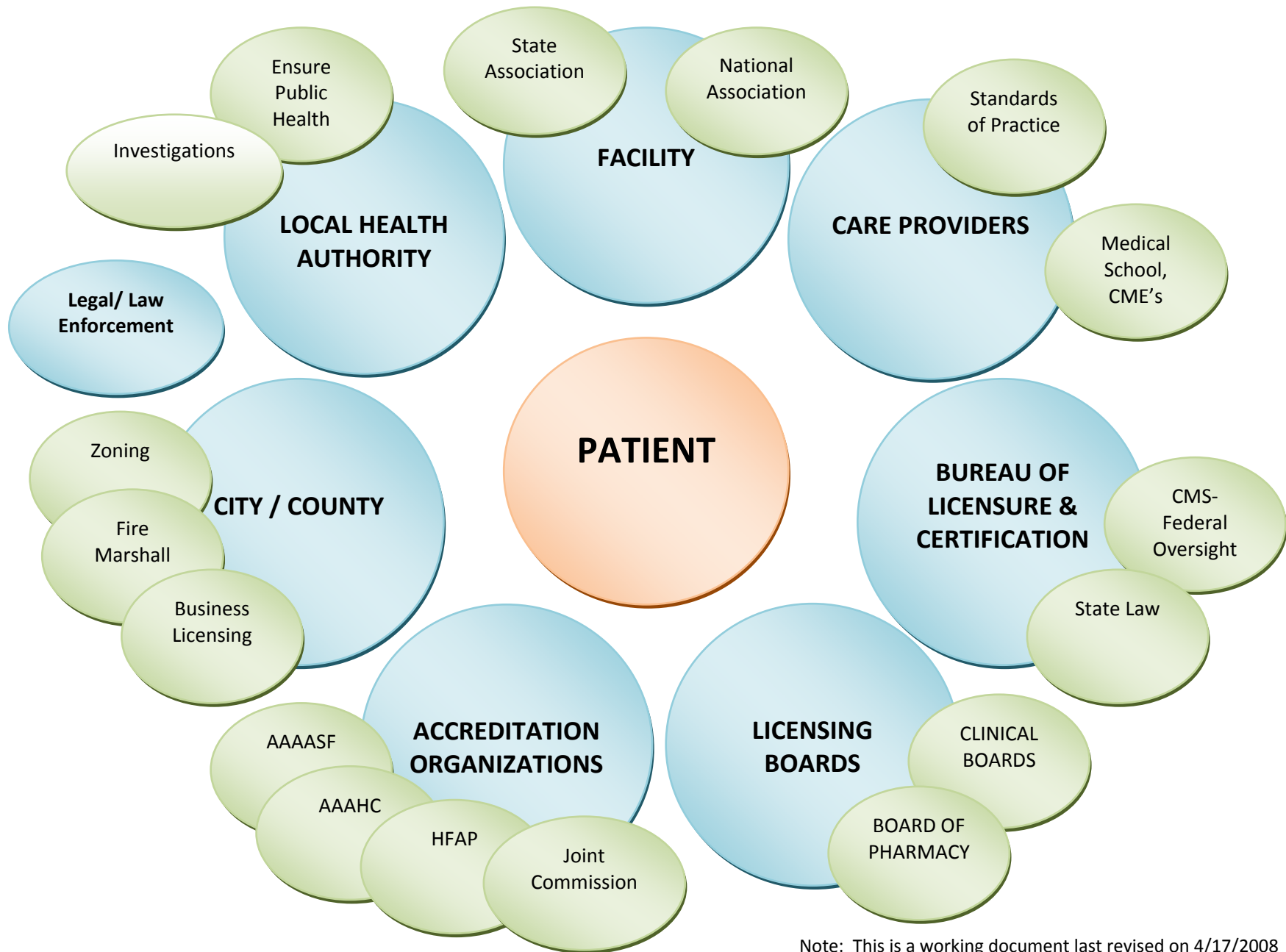
Ambulatory Surgery Centers

Document Contents:

- Systems to Protect the Patient Bubble Chart
- Action Plan – Immediate Action
- Action Plan – Future Recommendations
- Health Facilities Surveyor Recruitment Plan
- State Board Complaint Procedures
- Technical Bulletin
- Emergency Regulations
- Patient Safety Website Tool Box
- Ambulatory Surgery Center Focused Survey Status
- Revised Surveyor Work Performance Standards
- Board Notification Listing
- Other States Overview of Ambulatory Regulations: AAAHC

AMBULATORY SURGERY CENTERS

Assessment of the Multiple Opportunities for the System to Protect the Patient



Note: This is a working document last revised on 4/17/2008

**AMBULATORY SURGERY CENTER ACTION PLAN
IMMEDIATE ACTION**

ISSUES	IMMEDIATE ACTION TAKEN BY THE HEALTH DIVISION
PATIENT AND PUBLIC EDUCATION AND INFORMATION	<ul style="list-style-type: none"> ▪ Website posting of all Ambulatory Surgical Centers (ASC) Statements Of Deficiencies (SODs) ▪ Initiated patient safety information, "tool box", on the website ▪ Funded Hepatitis C Task Force to develop public service announcements on testing
AMBULATORY SURGERY CENTER (ASC) SURVEYS FOUND ISSUES OF INFECTION CONTROL AND IMPROPER DISINFECTION PROCEDURES	<ul style="list-style-type: none"> ▪ Immediate infection control deficiency abatement during survey by Bureau of Licensure and Certification ▪ Governor issued emergency regulations ▪ State Epidemiologist issued technical bulletin on infection control and followed up by calling all ASC facilities ▪ Focused infection control survey of all ASC facilities ▪ Infection control specialist hired to review current BLC infection control practices and make recommendations for surveyor training ▪ Contracted the services of Dr. Mary Guinan as Acting State Health Officer to form expert panel and make recommendations ▪ Statewide provider training development
CAPACITY OF LOCAL HEALTH AUTHORITY TO RESPOND WITH ADEQUATE RESOURCES	<ul style="list-style-type: none"> ▪ Provided sanction funding to support mailing to affected individuals ▪ Defined federal funding to support health information line ▪ Provided funding to support medical records contract ▪ Requested CDC epi staff to assist in the investigation, on behalf of the health authority ▪ Held daily briefing with all local health authorities and CDC, to discuss current and ongoing investigation activities
LACK OF FORMAL NOTIFICATION PROTOCOL BETWEEN THE VARIOUS PROFESSIONAL LICENSING BOARDS WHO PROVIDE OVERSIGHT TO THE LICENSED MEDICAL PROVIDERS AND THE HEALTH DIVISION	<ul style="list-style-type: none"> ▪ Directive to all BLC surveyors to notify when practice or procedure by a licensed medical provider is determined to be a factor in risk or harm of a patient ▪ Pharmacy Board notified related to regulation inconsistency with those in NAC 449 ▪ Updated all BLC surveyor Work Performance Standards (WPS) to reflect requirement to notify
BUREAU OF LICENSURE AND CERTIFICATION (BLC) FREQUENCY OF INSPECTIONS AND STAFF SHORTAGES	<ul style="list-style-type: none"> ▪ Reviewed current inspection frequency mandates by federal recommendation and state law ▪ Developed recruitment plan
LACK OF FORMAL NOTIFICATION PROTOCOL BETWEEN THE VARIOUS ACCREDITING BODIES AND THE HEALTH DIVISION	<ul style="list-style-type: none"> ▪ Held conference calls with accrediting bodies ▪ Initiated the process to establish Memorandums of Agreement (MOAs) with the various accrediting bodies
LACK OF FORMAL NOTIFICATION PROTOCOL BETWEEN BUSINESS LICENSING ENTITIES WHO PROVIDE OVERSIGHT TO THE LICENSE OF FACILITIES OPERATING THEIR BUSINESSES AND THE HEALTH DIVISION	<ul style="list-style-type: none"> ▪ Directive to all BLC surveyors to notify business licensing entities when survey findings include issues related to license ▪ Updated all BLC surveyor Work Performance Standards (WPS) to reflect requirement to notify

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**AMBULATORY SURGERY CENTER ACTION PLAN
FUTURE RECOMMENDATIONS**

ISSUES	HEALTH DIVISION FUTURE ACTION	POLICY CONSIDERATIONS	CROSS-FUNCTIONAL ACTIVITIES
PATIENT AND PUBLIC EDUCATION AND INFORMATION	<ul style="list-style-type: none"> ▪ Implement health literacy initiative related to patient safety ▪ Enhance patient safety website 		<ul style="list-style-type: none"> ▪ Public awareness campaign
AMBULATORY SURGERY CENTER (ASC) SURVEYS FOUND ISSUES OF INFECTION CONTROL AND IMPROPER DISINFECTION PROCEDURES	<ul style="list-style-type: none"> ▪ Provide facility training on common infection control deficiencies among facilities ▪ Require surveyor in-depth training and/or infection control certification ▪ Provide ongoing support for provider training in infection control practices 	<ul style="list-style-type: none"> ▪ Regarding training and accountability in infection control 	<ul style="list-style-type: none"> ▪ Implement infection control specialist and Acting State Health Officer expert panel recommendations ▪ Form committee to review data and standards of practice and make recommendations
CAPACITY OF LOCAL HEALTH AUTHORITY TO RESPOND WITH ADEQUATE RESOURCES	<ul style="list-style-type: none"> ▪ Continue to assist with financial resources as available for this response ▪ Ongoing bi-monthly epi team meetings ▪ Ongoing monthly health officer meetings ▪ State Epidemiologist to continue liaison activities between health authorities and CDC 		<ul style="list-style-type: none"> ▪ Develop a formalized process for reciprocal communication ▪ Define roles and responsibilities during epi investigations
LACK OF FORMAL NOTIFICATION PROTOCOL BETWEEN THE VARIOUS PROFESSIONAL LICENSING BOARDS WHO PROVIDE OVERSIGHT TO THE LICENSED MEDICAL PROVIDERS AND THE HEALTH DIVISION			<ul style="list-style-type: none"> ▪ Communication with all licensing boards needs to be ongoing and reciprocal with a formal agreement to allow for such communication
BUREAU OF LICENSURE AND CERTIFICATION (BLC) FREQUENCY OF INSPECTIONS AND STAFF SHORTAGES	<ul style="list-style-type: none"> ▪ Internal reorganization ▪ Implement recruitment plan ▪ Annual facility report 	<ul style="list-style-type: none"> ▪ Frequency and focus ▪ Amend NAC 449 to require compliance with Board of Pharmacy regulations 	
LACK OF FORMAL NOTIFICATION PROTOCOL BETWEEN THE VARIOUS ACCREDITING BODIES AND THE HEALTH DIVISION	<ul style="list-style-type: none"> ▪ Formalize an agreement with accrediting bodies to communicate directly with the BLC when issues or de-accreditation surveys occur 	<ul style="list-style-type: none"> ▪ National accreditation 	<ul style="list-style-type: none"> ▪ Communication with all accrediting bodies needs to be ongoing and reciprocal with a formal agreement to allow for such communication
LACK OF FORMAL NOTIFICATION PROTOCOL BETWEEN BUSINESS LICENSING ENTITIES WHO PROVIDE OVERSIGHT TO THE LICENSE OF FACILITIES OPERATING THEIR BUSINESSES AND THE HEALTH DIVISION	<ul style="list-style-type: none"> ▪ Continue to work with business licensing entities to determine to what extent notification should occur ▪ Establish protocol and parameters for such notifications 		<ul style="list-style-type: none"> ▪ Communication with all business licensing entities needs to be ongoing and reciprocal with a formal agreement to allow for such communication

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State of Nevada
Department of Health and Human Services
Health Division

**HEALTH FACILITIES
SURVEYOR
RECRUITMENT PLAN**

April 2008

Prepared by Tracy Walters, Personnel Officer





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Executive Summary

The Southern Nevada Health District announced on February 27, 2008 that it was notifying approximately 40,000 patients of a local medical clinic about potential exposure to hepatitis C following an investigation of several acute cases of the illness. The incident triggered an in depth review of licensing and certification practices by the Nevada State Health Division.

Corrective action to address this health crisis will require many procedural and regulatory revisions. Workforce planning will be a critical element in completing the new directives and improving services. Health Facilities Surveyors are responsible for the inspection and licensure of facilities; therefore, the Bureau of Licensure and Certification (BLC) Health Facilities section is the focus of this workforce plan.

A 2003 survey of the shrinking public health workforce revealed a growing trend toward shortages in the public health workforce. Data from a recent 2007 survey of the members of the Association of State and Territorial Health Officials confirm that little has changed in the past several years and that state and governmental public health still faces a workforce crisis.¹

Despite the workforce crisis, the Health Division has an immediate need to fill all vacant Health Facilities Surveyor positions to address new investigation and licensure mandates as well as continuing investigation of pending facility complaints. There is also an immediate need for review of the work assignments to provide wrap around support for clerical and data analysis duties so the surveyors can focus on the survey process.

The mission of the Health Division cannot be met without adequate staffing and human resources. The mission is:

The Nevada State Health Division promotes and protects the health of all Nevadans and visitors to the state through its leadership in public health and enforcement of laws and regulations pertaining to public health. In fulfilling its mission, the Nevada State Health Division is guided by the State Board of Health and administers six bureaus.

¹Association of State and Territorial Health Officials (2008). “ 2007 State Public Health Workforce Shortage Report.”

The immediate need will be addressed by setting goals and assessing resources such as recruiter time and expertise, advertising and outreach funding and support from the policy makers to improve services. The next step will be an aggressive recruitment plan which will involve compensation considerations and occupation targeted recruitment strategies. The final step to meet the immediate need will be the careful selection of candidates through screening and interviewing. Figure 1 illustrates this workforce planning cycle.

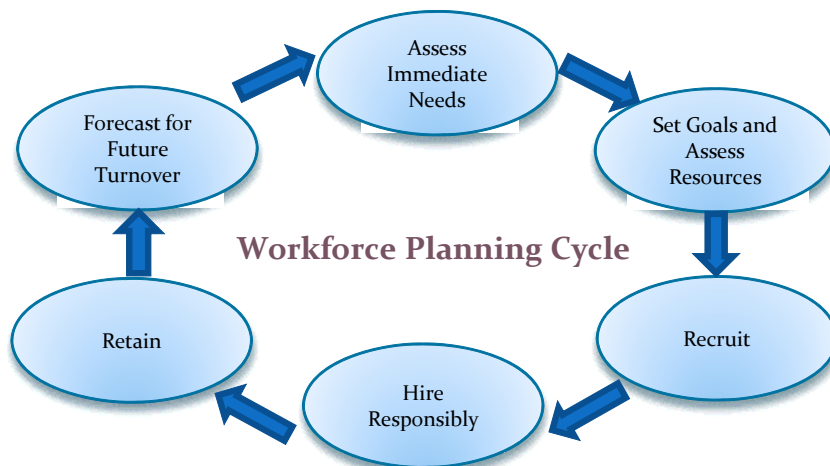


Figure 1: Planning Cycle

Once the immediate needs are met, it will be crucial to retain the workforce while planning for future vacancies which will be inevitable due to compensation disparities and retirements.

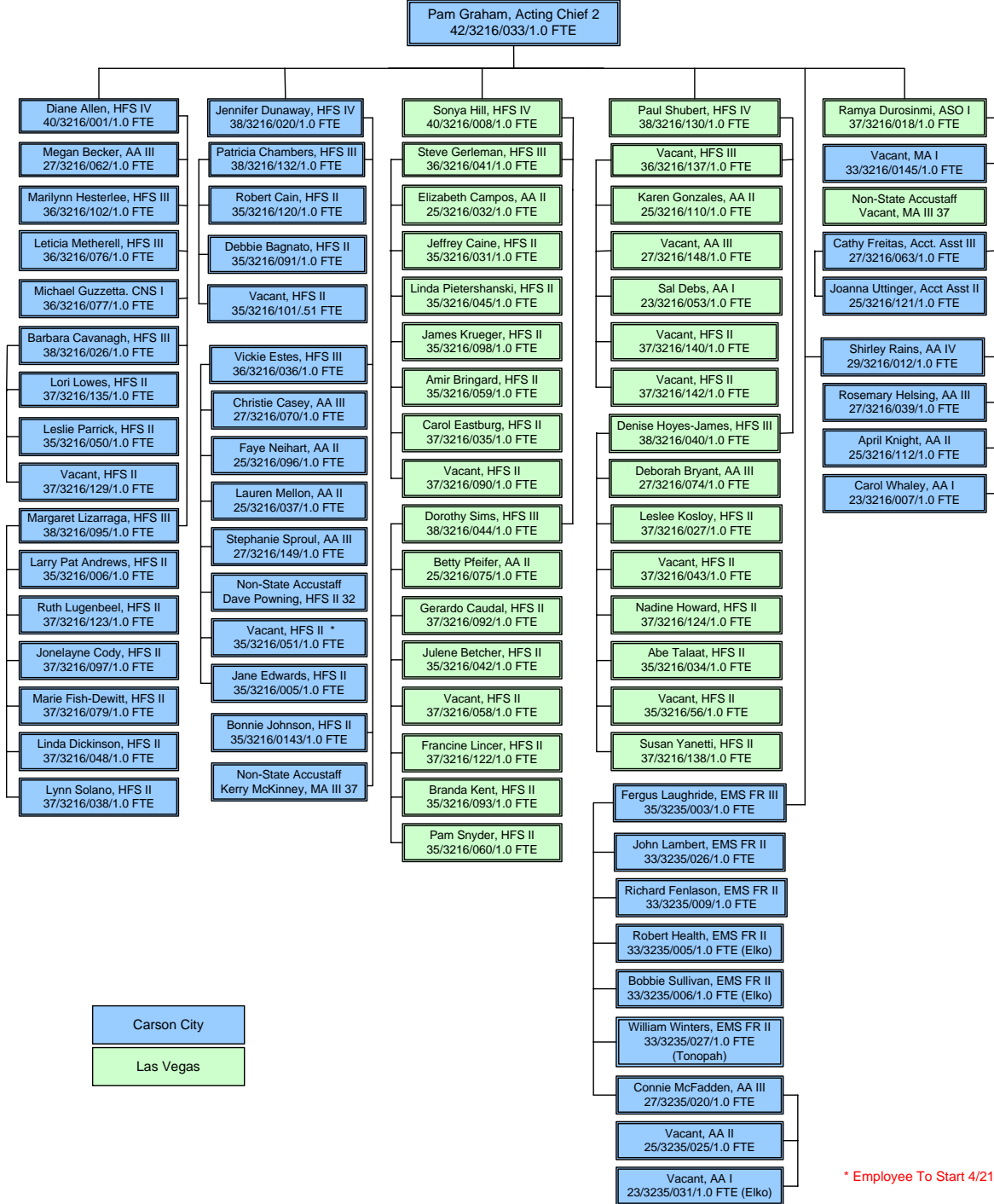
Position Information

The primary function of the Bureau of Licensure and Certification (BLC) is to protect the safety and welfare of the public through licensing and regulation enforcement in health and medical facilities. The Bureau has three functional sections: Health Facilities, Medical Laboratories and Emergency Medical Services.

On the following page is an organizational chart of the Bureau showing all positions.

Organizational Chart – Bureau of Licensure and Certification

Nevada State Health Division
Bureau of Licensure and Certification
April 9, 2008



Health Facilities Surveyor positions in BLC are responsible for inspecting and licensing 33 types of facilities including hospitals, skilled nursing facilities, home health agencies, ambulatory surgical centers, rural health clinics, rehabilitative facilities, adult day care facilities and drug abuse treatment centers. The licensing process includes a facility inspection to ensure necessary construction features and equipment for the specific facility function and safety of patients, a review of facility policies for regulatory compliance, and review of medical care and procedures to ensure proper care and standards of practice are maintained.

Each Health Facilities Surveyor has an area of expertise to evaluate different program components. These areas of expertise, or options, define the scope of the function performed by the surveyor. The options are Nurse, Dietitian, Sanitarian, Medical Technologist, Social Worker and Generalist. Multi-disciplinary teams may be sent out for a single inspection.

The Health Facilities Surveyors investigate complaints filed against facilities, identify problem areas and take appropriate action. Additionally, they are responsible for regulation research, development, revision and interpretation relating to facilities licensing.

Bureau of Licensing and Certification - Health Facilities

Data Effective April 1, 2008

Title	Authorized Positions	Filled Positions
ADMIN ASSISTANT 4	1	1
ADMIN ASSISTANT 3	6	5
ADMIN ASSISTANT 2	6	5
ADMIN ASSISTANT 1	2	2
ACCOUNTING ASSISTANT 3	1	1
ACCOUNTING ASSISTANT 2	1	1
ADMIN SERVICES OFFICER 1	1	1
MANAGEMENT ANALYST 1	1	0
IT PROFESSIONAL 2	1	1
HEALTH BUREAU CHIEF 2	1	1
HEALTH FACILITIES SURVEYOR 4	2	2
HEALTH FACILITIES SURVEYOR 2	12	9
HEALTH FACILITIES SURVEYOR 3	3	2
HEALTH FACILITY SURVEYOR 4-NURSE	2	2
HEALTH FACILITY SURVEYOR 3-NURSE	7	7
HEALTH FACILITY SURVEYOR 2-NURSE	22.51	14
Totals	69.51	54

Figure 2: Position Summary, Bureau of Licensing and Certification - Health Facilities

All surveyor positions except nurses require at least a Bachelor's degree with specialized experience as well as current certification, licensure, or registration by the appropriate licensing board in the State of Nevada at the time of appointment. The nurse option positions require licensure and experience.

BLC Health Facilities section has 69.51 authorized classified positions and three AccuStaff temporary employees with 15.51 vacancies. 12.51 of the 48.51 Health Facilities Surveyor positions are vacant. The current Health Division vacancy rate is 21.02%. The vacancy rate of the Health Facilities section is 22.3%. The vacancy rate for the Health Facilities Surveyors is higher at 25.7%. Figure 2 shows all classified positions within the Health Facilities section.

Turnover

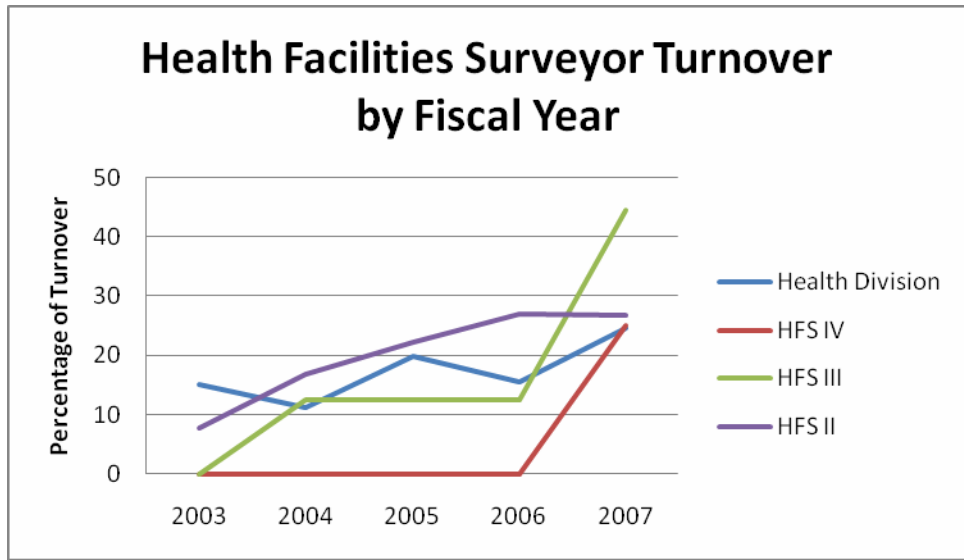
Turnover is the number of separations in relation to the total workforce. Data collected indicates not just the number of employees leaving but also the reasons they are moving on. The data provides insight into the reasons employees leave State government. Surveyors who left in 2007 indicated they had accepted other State positions with higher pay, they were moving or they accepted other public and private positions. They also expressed concerns about workload, burn out and travel time.

Turnover is costly. There are monetary costs to fill an open position as well as lost training time, lost knowledge and skills and the potential for poor morale and productivity of other employees. The estimated cost of turnover, according to Hewitt Associates, is 1.5 times the salaries of the people who left.

Turnover for Health Facilities Surveyors at the 2 and 3 levels has increased over time. Figure 3 shows the turnover rates by fiscal years and compares the rates to the Division as a whole. In fiscal year 07, statewide turnover was 12.46%. Total turnover for the Health Division for that same fiscal year was 24.68%. The turnover rate for Health Facilities Surveyors 3 was 44.44% and for Health Facilities Surveyors 2 was 26.67%.

The nursing option was extracted into its own job classification on July 1, 2007. Therefore no turnover data is available specific to the nursing option. Of the 12.51 vacancies, eight are nurse option positions.

Turnover has continued to increase at a consistent rate resulting in the existing staffing crisis.



Year	Division	HFS 4	HFS 3	HFS2
2007	24.68	25	44.44	26.67
2006	15.43	0	12.5	26.92
2005	19.84	0	12.5	22.22
2004	11.17	0	12.5	16.67
2003	15.04	0	12.5	7.69

Figure 3: Turnover

Overtime Assessment

Excessive overtime can lead to employee burn-out and errors due to excessive workloads.

Overtime also indicates a workload too great to be managed by existing staff. Therefore, the overtime analysis indicates the need to fill vacant positions and the possible need for new positions.

The average actual salary of Health Facility Surveyors 2, Nurse Option effective May 13, 2008 was \$65,761. With retirement, health insurance and other fringe benefits calculated at approximately 26.59%, the State cost for 1 full-time equivalent staff member is \$83,247. In both FY07 and FY08 the overtime expenditure exceeded \$100,000.

HEALTH FACILITIES SURVEYOR WORKFORCE PLAN

Overtime Analysis - Health Facilities Surveyors											
FY 2007											
CODE	TITLE	July - Sept. 2006		Oct. - Dec. 2006		Jan.- Mar. 2007		Apr. - June 2007		YEAR TO	YEAR TO
		1ST QTR FY07		2ND QTR FY07		3RD QTR FY07		4TH QTR FY07		DATE	DATE
		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNTS
10.509	HEALTH SURVEYOR II	435.54	17,990.34	202.3	8,098.88	368.51	14,831.23	253.16	10,842.27	53022.23	51,762.72
10.510	HEALTH SURVEYOR III	160.24	7,250.25	103.31	3,904.30	69.25	3,123.01	150.13	6,586.74	21347.23	20,864.30
10.508	HEALTH SURVEYOR IV	336.45	17,688.89	107.3	5,646.78	148.3	7,887.66	131.45	7,027.63	38974.46	38,250.96
10.552	HEALTH SURVEYOR NURSE II	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
10.551	HEALTH SURVEYOR NURSE III	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
10.550	HEALTH SURVEYOR NURSE IV	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTALS		932.23	\$ 42,929.48	412.91	\$ 17,649.96	586.06	\$ 25,841.90	534.74	\$ 24,456.64	113343.92	\$ 110,877.98
FY 2008											
CODE	TITLE	July - Sept. 2007		Oct. - Dec. 2007		Jan.- Mar. 2008		Apr. - June 2008		YEAR TO	YEAR TO
		1ST QTR FY 08		2ND QTR FY08		3RD QTR FY 08		4th QTR N/A		DATE	DATE
		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNTS
10.509	HEALTH SURVEYOR II	165	7,179.08	147	6,433.75	256.38	11,457.51			25638.72	25,070.34
10.510	HEALTH SURVEYOR III	115.15	5,637.47	96.15	4,708.09	186.45	9,134.90			19878.21	19,480.46
10.508	HEALTH SURVEYOR IV	59	3,161.32	48	2,571.92	144.3	4,433.83			10418.37	10,167.07
10.552	HEALTH SURVEYOR NURSE II	19.38	879.90	105.15	5,164.87	246.31	11,237.98			17653.59	17,282.75
10.551	HEALTH SURVEYOR NURSE III	93.35	4,276.04	57.01	2,472.36	271.05	12,017.43			19187.24	18,765.83
10.550	HEALTH SURVEYOR NURSE IV	26.3	1,555.33	27.3	1,614.01	144.3	8,480.93			11848.17	11,650.27
TOTALS		478.18	\$ 22,689.14	480.61	\$ 22,965.00	1248.8	\$ 56,762.58	0	0.00	104624.3	\$ 102,416.72
Fiscal Year comparison by quarter		-454.05	(20,240.34)	67.7	5,315.04	662.73	30,920.68	-534.74	(24,456.64)	-8719.62	(8,461.26)

Figure 4: Overtime hours and value

Current Recruitment Efforts

According to ASTHO survey findings, states have identified the key public health occupation classes to be most affected by workforce shortages with public health nursing experiencing greatest shortage. States also indicated dieticians and social workers are in short supply. There are currently nine active recruitments for surveyors including multiple options and geographical locations.

Health Facilities Surveyor			Application Data			Candidate Data		
Recruitment Number	Geographic Area	Option	Received	Denied	Withdrawn	Eligible	Declined Job Offer	Hired
6003	CC	Nurse	8	3	0	5	1	0
5081	Statewide	Social Worker	17	14	1	2	*	*
5084	Statewide	Generalist	53	43	3	7	*	*
5719	Statewide	Med Tech	22	16	0	6	0	2
5076	Statewide	Nurse	47	35	4	8	0	1
5760	CC	Nurse	10	2	5	3	4	2
5647	LV	Nurse	27	13	0	14	10	6
5686	LV	Generalist	12	9	0	3	*	*
5637	LV	Nurse	14	7	1	6	0	1

* List not yet certified from this recruitment.

Figure 5: Applicant Data for Current Health Facilities Surveyor Recruitments

Many applicants do not meet the minimum qualifications. Figure 5 shows application activity for the current recruitments.

In 2007, 22 job announcements were posted for Health Facilities Surveyor positions through the State of Nevada, Department of Personnel. Other recruitment efforts included the posting of jobs on the DHHS Hot Jobs page, the Health Division website, and free recruitment websites such as Public Health Employment Connection, PublicHealthJobs.net and ASTHO.

Health Division Human Resources staff attend job fairs and UNR nursing classes to promote State Employment. Job postings are also forwarded to the Nevada System of Higher Education for posting.

Current recruitment efforts have successfully identified candidates for four of the vacant positions. Job offers have been made and the candidates have accepted the job. Paperwork is currently underway to get these new surveyors enrolled in the classified service. Interviews were also conducted on April 3, 2008 and three additional candidates have been selected for potential hire. Successful appointment of these candidates will reduce the number of vacancies to 5.51.

Approval has been received from the budget office to fill all vacant positions.

Recruitment Challenges

Health Facilities Surveyor positions are considered difficult to recruit based on the length of time the positions remain vacant. The average length of time to fill vacancies for these positions has been 118.23 days.

The single biggest challenge currently identified is the strong competition from the private sector and local public employers for the best and the brightest. Other challenges in recruiting include systematic challenges, compensation issues and internal pay disparity issues.

System Challenges

- ✚ Recent budget shortfalls have resulted in hiring freezes and justification processes to fill vacant positions. Although some job announcements were already posted, the new processes have created delays of up to two weeks in posting new job openings.
- ✚ Job specification revisions to break out the Nurse option created recruiting delays. On four occasions Health Division Personnel was instructed to close posted recruitments for Health Facilities Surveyors and re-open with updated

classification information on the job announcements. It was necessary for applicants to reapply due to the breakout of options.

- ✚ In some instances, hiring delays may occur for applicants who have licensure in other states but need to obtain Nevada licensure. However, some licensing boards allow people to become licensed in Nevada if the requirements and/or the examination are substantially similar in the other State.
- ✚ There is a need to meet the pace of today's business environment. Bureaucratic processes need to be evaluated for artificial barriers. Candidates for positions with licensure requirements should be able to forward a resume to expedite the process and follow up with a formal application. Other potential artificial barriers include mandatory posting periods for job announcements before a list can be certified, and waiting periods for approval of justifications to fill federal and fee funded positions.
- ✚ Promoting employees from within the Bureau from the Health Facilities Surveyor 2 level into a supervisory position can be a concern because the promotion will temporarily vacate a "field" position.
- ✚ Management has a limited ability to negotiate salary within the current State pay structure. The Health Division has not yet requested a blanket authorization and therefore accelerated salary requests cause additional delays in the hiring process. Candidates expect to receive the minimum going rate.
- ✚ There has been a slow erosion of the benefits package and job security that were once the most effective recruitment tools in state employment.
- ✚ Currently to address all the different options and specialties, there are nine separate job announcements for Health Facilities Surveyors. One applicant might qualify for multiple options and need to apply multiple times to be considered for a generalized and specialized option or in multiple geographic locations. Simplifying the process with a single job announcement may be helpful.
- ✚ There is limited ability to sort through NVApps for skill sets or yield ratios. A data sort of existing employee information could identify employees who have potential to be developed for promotion or where the applicant pool is originating and which applicants are successfully appointed. Yield ratios can determine which recruitment source or method or type of recruiter produces the greatest yield and identify areas that may need improvement.

Compensation Challenges

Compensation for the Health Facilities Surveyors across the central states is not lagging the market pay. Figure 6 shows results from the 2007 Central States Salary Survey² conducted by the Central States Compensation Association. The findings indicate that Nevada’s pay ranks fifth of the 25 surveyed states.

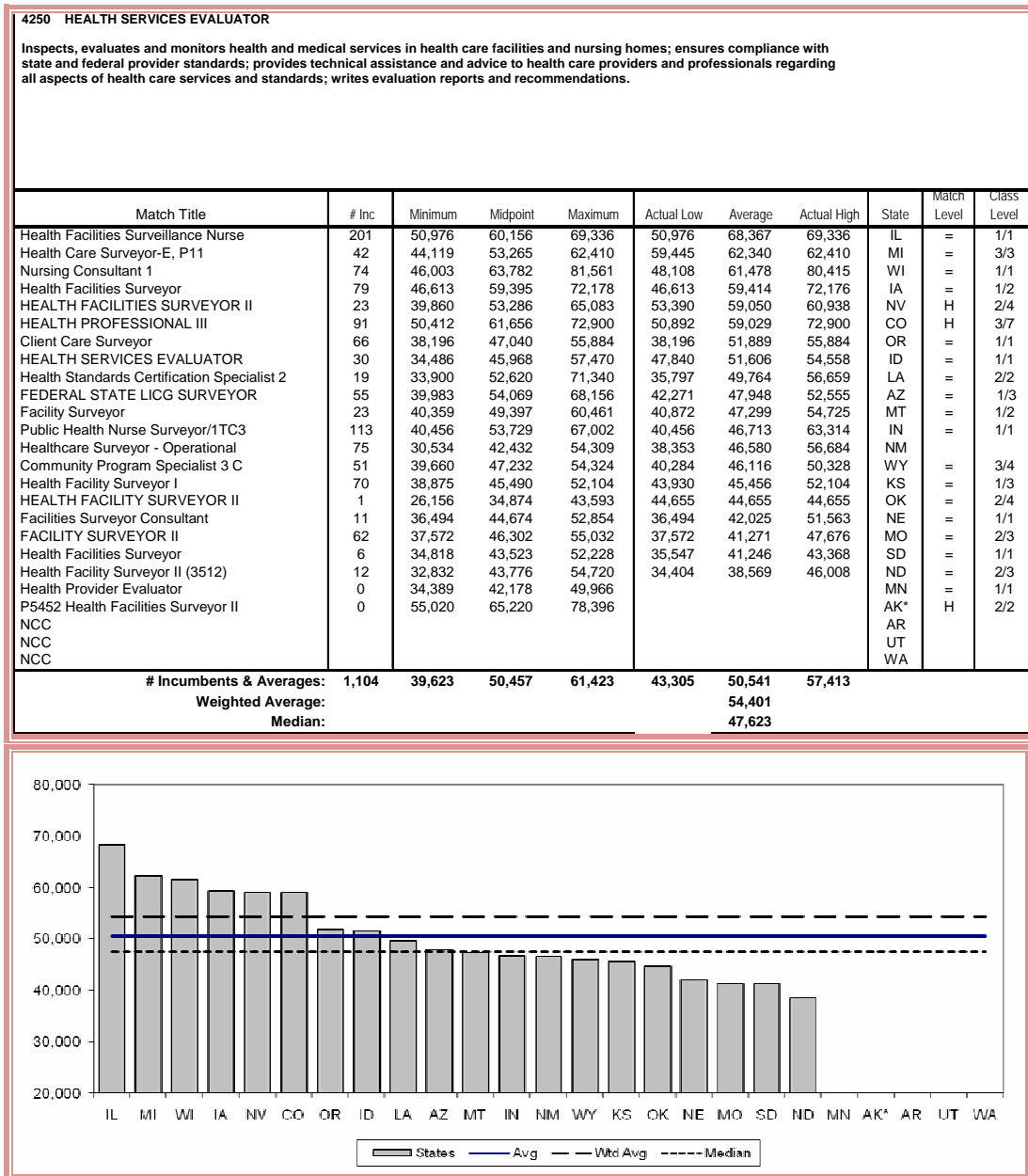


Figure 6: Central States Compensation Association, 2007 Survey Data

² 2007 Central States Salary Survey, Central States Compensation Association

The State of California pay range exceeds all of the state salaries listed in Figure 6. For the nurse option position in California, the minimum annual salary is \$59,004 and the maximum salary is \$75,228.³

Although Facilities Surveyors function at only the State level, the recruitment competition is with local public employers and hospitals where the compensation is significantly higher. At the midpoint, the State of Nevada 2006 Salary and Benefits Survey⁴ reported that journey level Registered Nurses lag the market by 10.67% when compared to all Nevada public employers and by 25.74% when compared to all Nevada employers. The two grade increase granted to nurses by the 2007 Legislative Session in SB 575 may have narrowed this disparity by a small margin. At the midpoint, the State of Nevada 2006 Salary and Benefits Survey³ reported that journey level Clinical Social Workers lag the market by 23.69% when compared to all Nevada public employers. Clinical Social Worker was the benchmark class used for salary comparisons of all social workers in the State of Nevada 2006 Salary and Benefits Survey.

Internal Disparity

In addition to the competition with Nevada public employers and private hospitals, there is huge competition within Nevada State government. Employees should feel that their contributions and talents are being rewarded fairly. Any sense of internal inequity in compensation, benefits and other treatment can and will create morale and motivation problems.⁵ Although the Health Facilities Surveyor requires a license and three years of experience the pay grade is below other nurses which require licensure and two years of experience.

Nurse Titles	Pay Grade	Min Salary	Max Salary	MQ's
Psychiatric Nurse II	39 ⁽⁵⁴⁾	52,116	78,028	RN License + 2 Year Experience
Correctional Nurse II	39 ⁽⁵⁴⁾	52,116	78,028	RN License + 2 Yrs. Exp., 1 in Corrections
Registered Nurse III	38 ⁽⁵⁴⁾	49,861	74,583	RN License + 2 Years Experience
Community Health Nurse II	39 ⁽⁵⁴⁾	52,116	78,028	RN License + 2 Yrs. Exp., 1 in Community Health
Health Facilities Surveyor II-Nurse	37⁽⁵²⁾	47,773	71,242	RN License + 3 Yrs. Exp., 2 in Direct Services

Figure 7: Compensation and Qualifications for Journey Level Nurses in Nevada State Government

³ Job Description and Statistical Information (2007), State Personnel Board.
<http://jobs.spb.ca.gov/vwpos/spbpay2rd.cfm>.

⁴ 2006 Salary and Benefits Survey, State of Nevada, Department of Personnel.

⁵ SHRM Learning System (2008), *Module 2: Workforce Planning and Employment*, Society for Human Resource Management.

Higher wages in comparable positions in Nevada state government cause employees to accept jobs outside of the Health Facilities section. Figure 7 compares the minimum qualifications as well as the salary levels for classes requiring licensure as a registered nurse in the classified system. Pay grade increases granted by AB 577 of the 2005 Legislative Session and SB 575 of the 2007 Legislative Session are indicated in the pay grade column of the table. Although the Health Facilities Survey – Nurse requires the most experience, the pay is at the lowest level on the table.

A graphic view of the compensation disparity among journey level nurses can be seen in Figure 8. This graph is based on maximum salaries for nurses.

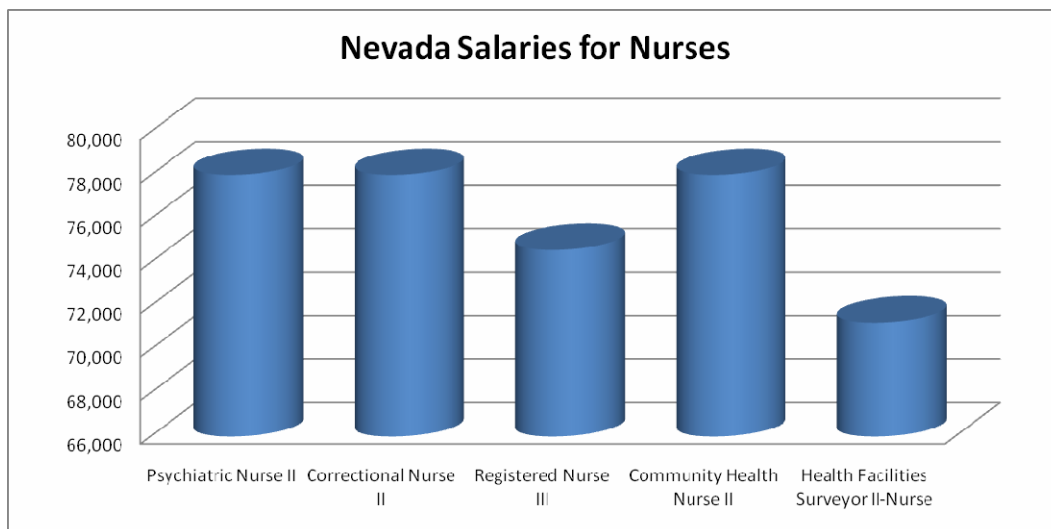


Figure 8: Maximum Salary Comparison for Journey Level Nurses within Nevada State Government

The function of the Health Facility Surveyor, Nurse Option and the Health Facility Surveyor are similar enough that a single job description has been developed. Those surveyors with specialties other than nursing have comparable, if not higher levels of education, certification and experience than those in the nursing option. Despite the similarities, the non-nurse option surveyors are compensated at an even lower rate than the nurses.

Retention Issues

Retention is an often overlooked recruitment tool. Retention helps recruitment efforts by reducing the number of vacancies to fill.⁶

⁶ Lavinga, Robert J. and Steven W. Hays (2007). "Recruitment and Selection of Public Workers: An International Compendium of Modern Trends and Practices." *Public Personnel Management* 33 (3): 238-247

Compensation and internal disparity play as large a roll in retention as they do in recruitment. Maintaining a qualified and trained workforce ensures productivity and eliminates the need for turnover expenditures. So addressing these issues is essential.

Key elements identified in retention are clear job expectations, adequate training and resources, career opportunities, recognition, respect and perceived equity. As described in the compensation section, perceived equity is currently a challenge in the Bureau.

Over the next ten years, an alarming 52.77% of surveyors are projected to retire and workforce demand is projected to increase over that same period.

Figure 9 shows a very high percentage of employees who will be eligible to retire over the next ten years.

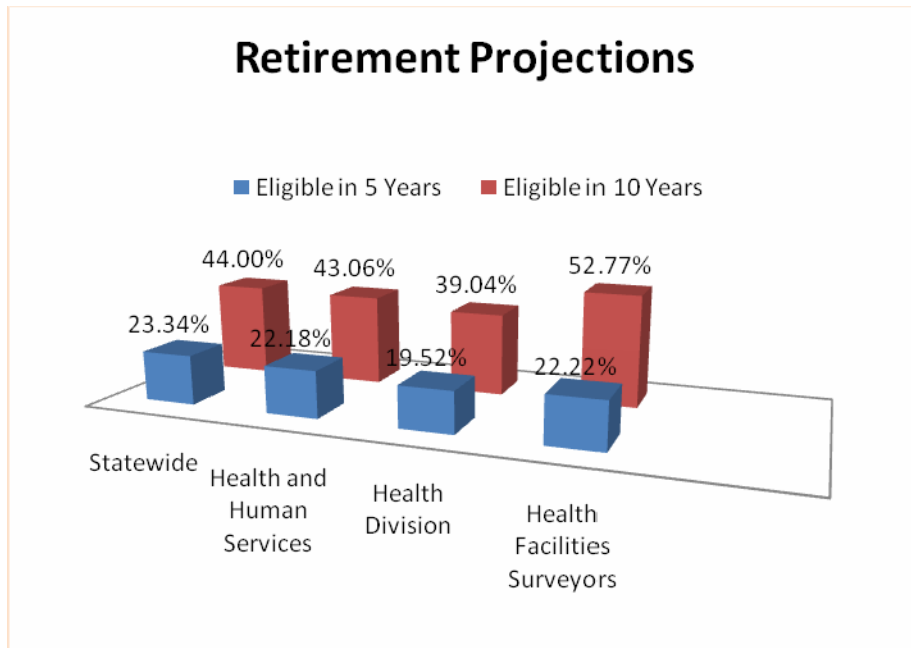


Figure 9: Current Retirement Projections for Health Facilities Surveyors

Reasons that Health Facilities Surveyors have left positions include moving, retirement, internal promotion, and transfer to another State agency into a nursing position which pays more. The turnover trends shown previously in Figure 3 show that turnover is increasing and planning is justified.

It is also important in long-term planning to prepare for future needs of the Bureau. A demand forecast anticipates the workforce that will be needed to accomplish future functional requirements and carry out the mission of the Division. This forecast would

address staffing issues as well as technological and regulatory advances that change the nature of the work.

Recruitment and Staffing Considerations and Strategies

Workforce planning is short and long range and examines external factors as well as internal factors that will impact the supply-demand balance in the workforce.⁷

Recruitment strategies typically include a comprehensive plan of action beginning with the job analysis and ending with the appointment of a new employee.

External recruitment sources can be former employees, retirees and professional associations. Internal sources can be Divisional promotional opportunities or employee referral programs.

The distribution of work also needs to be a consideration. Can more work be accomplished with revised duty assignments? Are licensed staff using their time appropriately or could some duties be better handled by Management Analysts and Administrative Assistants freeing up valuable inspection and investigation time for the surveyors?

External Strategies

Health Division Human Resources staff currently use recruitment practices including posting jobs on State Personnel NV Apps system, the DHHS Hot Jobs page, the Health Division website, and free recruitment websites such as Public Health Employment Connection, PublicHealthJobs.net and ASHTO. Staff attends job fairs and UNR nursing classes to promote State employment, forward job announcements to the Nevada System of Higher Education for posting, and advertise in local newspapers.

Other external strategies include:

- ✚ Offering employment incentives such as a relocation allowance and job placement counseling for the spouse and family members.
- ✚ Offering a federal loan repayment agreement for college students who agree to work for an agreed amount of time. Research can be done to see if Surveyors meet the criteria for this type of federal program.

⁷ Zingheim, Patricia K. PhD. and Jay R. Schuster, Ph.D, (2007). "Measuring and Rewarding Customer Satisfaction, Innovation and Workforce Engagement." *WorldAtWork*, 4Q.

- ✦ Recruiting and hiring retirees on a temporary basis and using retirees to do training of new employees.
- ✦ Distributing Nurse and Social Worker recruitment brochures which have already been created.
- ✦ Researching the labor market and doing targeted mailings of postcards, brochures or other literature based on professional associations, membership in labor unions, lists of former employees, lists of previous applicants and based on salary data that shows other entities with lower gross wages within this profession.
- ✦ Building a campaign that sells not only the job but the state. Nevada is beautiful, offers quality of life and a diverse array of activities and there are no state income taxes. The Division could brand itself as a recruitment tool.
- ✦ Thinking out of the box to create new advertising ideas such as using high school reunion lists, University alumni lists, radio and television advertising, bill boards, or electronic display boards at events that draw large out-of-state crowds.
- ✦ Making better use of local resources such as JobConnect and local placement services.
- ✦ Contracting with an executive search firm that specializes in filling professional positions.
- ✦ Conducting a more aggressive newspaper advertising campaign in states with lower market wage than Nevada. We have identified the top 100 newspapers nationwide within these states. Many are partners with CareerBuilder.com as well as Yahoo Hot Jobs. CareerBuilder receives over 15,000 new resumes each day with over 23 million applicants currently searching for positions. Most of these ads run approximately 30 days with an average cost between \$400 and \$1,100.
- ✦ Using temporary staffing services such as AccuStaff to eliminate gaps or short term needs.

- ✚ Analyzing workload needs and transferring the vacant position to a new geographic location to fill it more quickly if there is a vacancy in one geographic location and a viable candidate for hire in another geographical location.
- ✚ Creating a “trainee” level within the Health Facilities Surveyor class or potentially using the Health/Human Services Professional Trainee class to attract college graduates and do on-the-job training.

Internal Strategies

Internal recruitment strategies engage the existing workforce, promote career development and improve retention and morale.

Internal strategies include:

- ✚ Retaining existing staff by providing clear job expectations, adequate training and resources, career opportunities, recognition and respect.
- ✚ Divisional job postings and promotions.
- ✚ Offering incentives for employee referrals.
- ✚ Outreach by current employees at professional seminars and conferences.
- ✚ Succession planning and employee development.

Additional Recruitment and Staffing Considerations

For a recruitment plan to be successful many additional factors must be taken into consideration. What recruiter has the most expertise relating to the recruitment needs? Should recruitment be continuous or time-limited? Are fiscal resources available to fund the plan? Can staffing changes improve productivity?

The existing Administrative Services Officer 1 and support staff within BLC are unable to manage the fiscal responsibilities and do data reporting timely with the designated staff. Non-fiscal managers are working overtime to support mandatory financial management activities. If additional staff were added, the cost for additional staff would be assigned to fee methodology for facilities.

The BLC policy to perform state licensure surveys on a 6-year schedule was developed in order to make fees affordable for providers. As more performance data is becoming

available, there is community and industry interest in more frequent licensure inspections. The increased frequency of inspections provides opportunity for improved patient care, improved performance measures, adherence to regulatory standards and reduction in patient complaints.

The staffing effects on increasing survey frequency would result in the need for additional Health Facilities Surveyor positions to address the increased workload.

Conclusion and Recommendations

It is imperative to implement the recruitment plan in a way where human resource requirements are clearly defined, an action plan is in place, there is a defined mechanism to evaluate progress and there is flexibility to modify the plan to achieve the desired recruitment goal.⁸

Human capital is a vital component of program success. When considering recruitment strategies for recommendation, Health Division Human Resources expertise and other available resources have been considered.

Following are the recommendations for meeting the immediate and long-term recruitment needs of the Bureau and Licensing and Certification.

Recommendations for Immediate Recruitment Needs

1. Continue all current recruitment practices.
2. Due to qualification requirements, applicants who currently hold only a license from outside Nevada are not immediately available for consideration for hire. Change this requirement on the to allow for provisional acceptance of an out-of-state license to meet the recruitment needs.
3. Find a consultant that is qualified to provide staff planning services by soliciting proposals from four or five potential qualified firms. Employ the consultant to work full-time on Health Facility Surveyor specific recruitments.
4. Immediately create one new Health Facilities Surveyor position and two support positions (Management Analyst and Administrative Assistant) to address the increasing workload and redistribute work to allow surveyors to focus on inspections and investigations.
5. Conduct labor market research and purchase occupational specific mailing lists in targeted areas for distribution of recruitment brochures.

⁸ Pynes, Joan E. (2004), "The Implementation of Workforce and Succession Planning in the Public Sector." *Public Personnel Management* 33(4): 390-391

6. Ask State Personnel to approve a blanket accelerated hire for Surveyors to expedite the accelerated salary approval process.
7. Check the applicant pool daily and certify new hiring lists whenever new candidates are available for consideration.
8. Review resources to offer relocation and educational incentives for potential candidates.
9. Do targeted newspaper and CareerBuilder advertising in states where compensation for Health Facilities Surveyors is less than the median wage reported in the 2007 Central States Salary Survey.

Recommendations for Long-Term Recruitment Needs

1. Obtain legislative authorization to address internal compensation disparities.
2. Build a framework for a long-term plan that includes key strategies with mechanisms to measure the effectiveness of each strategy.
3. Continue collecting labor market data including demographics and wage data from current sources as well as from the State of California and Department of Labor.
4. Create a human resource position to focus on employee development and career incentives within the Division. Coordinated training could create cost savings by reducing travel and training costs. Coordinated training also ensures training consistency within the Division and assists licensed staff with getting their continuing education requirements.
5. Do ongoing workforce assessment to determine if additional Health Facilities Surveyors are needed.
6. Continue monitoring resources and, as time and funding allow, try new and innovative recruitment strategies to reach new applicant pools. Measure recruitment results with each new strategy.

Success of the recruitment plan will be indicated by a reduction in turnover, overtime and the vacancy rate.

A strategic staffing plan is continually updated, revised and changed. Human Resources must continually provide the talent necessary to ensure the intellectual capital of the organization is in place and not just adequate – but superior.⁹

⁹ Huxtable, Jack, SPHR, and Mary Cheddie, SPHR (2002) “Strategic Staffing Plans,” Society for Human Resource Management. http://www.shrm.org/hrresources/whitepapers_published/CMS_000417.asp.

STATE BOARD COMPLAINT PROCEDURES

ENTITY	HOW CAN A COMPLAINT BE FILED?	IS A SPECIFIC FORM REQUIRED TO FILE A COMPLAINT?	HOW CAN THE FORM BE OBTAINED?	SIGNATURE OR NOTARIZATION REQUIREMENT:	ADDITIONAL REQUIREMENTS FOR FILING A COMPLAINT:	SUPPORTING DOCUMENTS:	ARE ANONYMOUS COMPLAINTS ACCEPTED?
Board of Medical Examiners (BOME)	In writing. <u>Address:</u> PO Box 7238 Reno, NV 89510 Phone: 775-688-2559	Yes.	Download from website.	The written complaint requires a signature.		The complaint should also include any documentation which supports the complaint.	No, all complaints require a signature.
Board of Nursing (BON)	In writing. <u>Address:</u> 5011 Meadowood Mall Way, #300 Reno, NV 89502-6547 Phone So.: 702-486-5800 Phone No.: 775-688-2620	Yes <u>OR</u> a signed, written description of the sequence of events (who, what, where, when, why, how) may be submitted.	Download from website, through the SBN offices in Reno and Las Vegas or by calling the consumer hot line at 1-888-590-6726.	The written complaint must be signed by the complainant.	The complaint must include the name of the nurse and a detailed description of the alleged behavior which violates the Nurse Practice Act.	The complaint should also include any documentation which supports the complaint.	No, by law, the SBN cannot act on anonymous complaints.
Board of Osteopathic Medicine (BOM)	In writing. <u>Address:</u> 2860 East Flamingo Road, Ste. D Las Vegas, NV 89121 Phone: 702-732-2147 ext. 223 (Catryna Kelly)	Yes.	Form is not available for download on website. You must email osteo@bom.nv.gov to request a complaint form.	The written complaint will not be accepted unless signature is notarized.			No, all complaints require a notarized signature.
Board of Podiatry (BOP)	In writing. <u>Address:</u> PO Box 12215 Reno, NV 89510-2215 Phone: 775-789-2605	Yes.	Download from website.	The written complaint will not be accepted unless signature is notarized.	An Authorization to Release Information Form must also be included and requires a witness signature.	The complaint should also include any documentation which supports the complaint.	No, all complaints require a notarized signature.



Nevada State Health Division Technical Bulletin



Topic: Hepatitis C Investigation
Bulletin Number: Epi February 2008

Section/Program:
State Epidemiologist, Dr. Azzam

TO: All Health Care Providers

Potential Exposure to Hepatitis C (HCV) in an Ambulatory Surgical Center in Las Vegas

This technical bulletin and provider update summarizes our findings and actions, and provides recommendations and advice

Through recent routine and active surveillance efforts, the Southern Nevada Health District Office of Epidemiology staff identified six cases of acute hepatitis C (HCV) infections. All six cases had undergone endoscopic procedures at the same ambulatory surgical center in Las Vegas in July and September 2007. Unsafe injection practices primarily reuse of syringes, and subsequent multi-use of single-dose medication vials, may have led to contamination of the vials and patient-to-patient transmission of the hepatitis C virus.

Health care related exposures are a well recognized but uncommon source of viral hepatitis transmission in the United States. Similar to this outbreak, the majority of outbreaks identified previously nationwide have been associated with unsafe injection practices, primarily reuse of syringes and needles or contamination of medication vials used for multiple patients. However, because of the long and variable incubation period and the fact that the majority of patients with HCV infection are asymptomatic, clusters of patients related to a specific healthcare setting might not be recognized.

When health care workers do not adhere to fundamental principles related to safe injection practices, it suggests that they fail to understand the potential for disease transmission. In addition, deficiencies related to oversight of personnel and failures to report breaches in infection-control practices result in delays in correcting the implicated practices. We believe that this outbreak could have been prevented by adherence to basic principles of aseptic technique for the preparation and administration of parenteral medications.

To prevent transmission of bloodborne pathogens, all healthcare workers should adhere to recommended standard precautions and fundamental infection control principles, including safe injection practices and appropriate aseptic techniques.

Injections are very safe when standard procedures are followed. Nevada State Health Division recommends the development of written up-to-date policies and procedures to prevent patient-to-patient transmission of bloodborne pathogens. Additionally these policies and procedures should be established and implemented among all staff involved in direct patient care.

Nevada State Health Division strongly advises that physicians and other health care providers in the state undergo mandated education periodically in proper infection control procedures. When

Approved by: _____
Dr. Ihsan Azzam, State Epidemiologist, Nevada State Health Division



Nevada State Health Division Technical Bulletin



Topic: Hepatitis C Investigation
Bulletin Number: Epi February 2008

Section/Program:
State Epidemiologist, Dr. Azzam

TO: All Health Care Providers

renewing their licenses, physicians should acknowledge completing such training within the past four years.

Nevada State Health Division is partnering with professional organizations, advisory groups, and is working closely with SNHD and CDC to address these issues.

Injection safety

- Use a sterile, single-use, disposable needle and syringe for each injection and discard intact in an appropriate sharps container after use.
- Use single-dose medication vials, prefilled syringes, and ampules when possible. Do not administer medications from single-dose vials to multiple patients or combine leftover contents for later use.
- If multiple-dose vials are used, restrict them to a centralized medication area or for single patient use. Never re-enter a vial with a needle or syringe used on one patient if that vial will be used to withdraw medication for another patient. Store vials in accordance with manufacturer's recommendations and discard if sterility is compromised.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Use aseptic technique to avoid contamination of sterile injection equipment and medications.

Adapted from Transmission of Hepatitis B and C Viruses in Outpatient Settings — New York, Oklahoma, and Nebraska, 2000–2002. MMWR 2003;52(38):901-906. [...](#)

Approved by: _____
Dr. Ihsan Azzam, State Epidemiologist, Nevada State Health Division

STATE OF NEVADA

JIM GIBBONS
Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION

4150 Technology Way, Suite 300
Carson City, Nevada 89706
Telephone: (775) 684-4200 · Fax: (775) 684-4211

March 5, 2008

The Honorable Jim Gibbons
Governor of Nevada
101 North Carson Street
Carson City, Nevada 89701

Dear Governor Gibbons:

In accordance with NRS 233B.0613, Emergency Regulations, the Bureau of Licensure and Certification within the Health Division is requesting approval to amend regulations for Chapter 449A, Surgical Center for Ambulatory Patients (ASC), in response to deficiencies identified in the administration of anesthesia medication during a diagnostic or surgical procedure and the unsafe injection practices causing a significant detriment to the public health and safety.

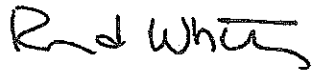
A total of six cases of Hepatitis C have been identified, five of the cases had procedures requiring injected anesthesia on the same day.

Endoscopy Center of Southern Nevada was identified by the Bureau of Licensure and Certification staff as administering single dose medications to multiple patients, an unsafe practice. The Southern Nevada Health District also identified the re-use of syringes. Desert Shadow Endoscopy Center was also administering single dose vials of anesthesia medication on multiple patients.

At the Gastrointestinal Diagnostic Center, a separately owned facility, an immediate jeopardy situation was identified as a result of an anesthesiologist reusing syringes and needles to administer medications to the same patient and the use of single dose medication vials for multiple patients.

These additional regulations will provide ASC with requirements to follow for ensuring the safe delivery of medications and for establishing effective programs for infection control.

Sincerely,



Richard Whitley, MS
Administrator
Nevada State Health Division

RW/jo

cc Michael J. Willden, Director, Department of Health and Human Services
Linda Anderson, Chief Deputy Attorney General, Attorney General's Office
Lisa Jones, Chief, Bureau of Licensure and Certification
Jade Miller, DDS, Chairman, State Board of Health

Health Division Emergency Regulation
Nevada Administrative Code Chapter 449

Proposed Regulation Amendments:

Nevada Administrative Codes (NAC) 449.9812

NAC 449.9812 Program for quality assurance. (NRS 449.037)

1. The administrator of an ambulatory surgical center shall establish a program for quality assurance for the center.

2. The program for quality assurance must include, without limitation:

(a) Periodic reviews of the clinical responsibilities and authority of the members of the staff.

(b) Periodic evaluations of members of the staff that are conducted by their peers.

(c) Procedures for the supervision of the professional and technical activities of the members of the staff.

(d) Periodic evaluations that are conducted to determine whether the clinical and administrative policies of the center are cost-effective. The evaluations required by this paragraph must not be limited to the cost-effectiveness of the administrative policies of the center.

(e) Procedures for identifying and correcting any problems or concerns that provide an opportunity for all members of the staff who are health care practitioners to participate in the program for quality assurance.

(f) Techniques for self-assessment that are required to be used by the members of the staff and provide for an examination of the manner in which care has been, is and will be provided and the quality of the care provided.

(g) Procedures for identifying and addressing any problems or concerns related to the care provided to patients using the medical records of the center and any other sources of data that may be useful to identify previously unrecognized concerns, and for assessing the frequency, severity and sources of suspected problems and concerns. The procedures must include, without limitation, procedures for assessing:

(1) The clinical performances of members of the staff who are health care practitioners;

(2) The standards used for the maintenance of medical records;

(3) The procedures used to control the quality of radiological, pathological, laboratory and pharmaceutical services provided by the center;

(4) The procedures used to control the quality of other professional and technical services provided by the center;

(5) The care and services provided by the extended recovery unit, if such a unit is operated by the center;

(6) The procedures used to control infection; and

(7) The satisfaction of patients who have been treated at the center.

(h) The maintenance of a record of all fires and deaths that have occurred at the center and the transfer of all patients from the center to a hospital.

(i) Procedures for assessing any actions taken to correct identified problems or concerns and for determining whether the actions taken have achieved or sustained the desired result and, if not, why not.

3. The members of the professional and administrative staffs of the center shall:

(a) Understand, support and participate in the program for quality assurance; and

(b) Participate in the resolution of any problems and concerns identified pursuant to the procedures required by subsection 2.

4. The members of the staff who are health care practitioners shall participate in the development and application of the criteria used to evaluate the care provided at the center and the evaluation of any problems and concerns identified pursuant to the procedures required by subsection 2.

5. *The facility shall establish and maintain an infection control program designed in accordance with acceptable standards of practice to prevent the development and transmission of disease and infection.*

~~5-6.~~ Activities conducted pursuant to the program for quality assurance must be reported to the appropriate members of the staff and to the governing body. The administrator of the center shall establish procedures for carrying out any recommendations of the governing body.

~~6-7.~~ As used in this section, "health care practitioner" means a person who is licensed or certified to provide health care services in this State, including, without limitation, a physician, dentist, podiatrist, and registered or licensed practical nurse.

(Added to NAC by Bd. of Health by R049-99, eff. 9-27-99)

NAC 449.990 Medication and treatment. (NRS 449.037)

1. Any medication or treatment may be given only upon the written or oral order of a person lawfully authorized to prescribe that medication or treatment. This order must be authenticated by the prescriber and the person administering the medication. An oral order must be recorded and authenticated within 24 hours after it is made.

2. Medications prepared by one nurse may not be administered by another nurse.

3. At the time the medication is administered, the patient must be identified and the medication must be identified as being ordered for that patient and recorded in the medical record of the patient.

4. *The facility shall provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice and following manufacturer's instructions.*

5. *Drugs must be prepared and administered according to established policies, acceptable standards of practice and manufacturers instructions.*

~~4-6.~~ Records must be maintained for any substance listed as a schedule II controlled substance pursuant to chapter 453 of NRS. Any such record must indicate the name of the patient, the name of the prescriber, the name of the controlled substance, the strength and dose administered, and the balance of the controlled substance remaining. A count must be made of all such controlled substances at the change of each nursing shift by a nurse from each shift. The count must be authenticated by both nurses.

~~5-7.~~ Transfusions of blood or intravenous medications may be administered only by persons who have been specially trained and are authorized for that duty. An ambulatory surgical center shall adopt policies and procedures for the administration of blood.

~~6-8.~~ Any suspected adverse reaction to a transfusion or medication must be reported by members of the nursing staff to the physician attending the patient. The nursing staff shall note the reaction in the medical record of the patient. Any suspected reaction to a transfusion must also be reported to the service that furnished the blood.

(Added to NAC by Bd. of Health, eff. 12-15-88; A by R049-99, 9-27-99)

Endorsed this date _____ by _____

Honorable Jim Gibbons, Governor of the State of Nevada



Nevada Department of Health and Human Services Nevada State Health Division

Home ▶ Patient Safety



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Patient Safety



Every year thousands of American citizens die because of medical/nursing errors, medication errors and accidental injuries in hospitals, nursing homes and in home health settings.

This site was developed for the general public and health professionals in Nevada to assist and educate them about the important issue of patient safety. We hope that the information contained in this website will provide you with the tools necessary to help you protect yourself, your family members and your patients.

Patient Safety for the Public: Learn how you, as a member of the public, can protect yourself and your family in various health care settings

Patient Safety for Professionals: Learn how you, as a provider of health care services, can take steps to ensure the safety of patients under your care

Last Updated (Friday, 07 March 2008)

Back

Translate

Status of Ambulatory Surgery Centers' (ASCs) Focused Surveys by the State of Nevada, Health Division's Bureau of Licensure and Certification (Note: This information is updated daily by 12:00 PST)

Legend:								
Most Recent Survey : Prior to the Focus Surveys of 2008		Accreditation by: National organization link						
Surveyed by: Organization which performed the survey		Expires: National organization's expiration date.						
Purpose: Reason survey conducted		Deemed status: voluntary process by National Organization.						
2008 Focus Survey: Date or status; when applicable the link to the Statement of Deficiencies.								
Facilities highlighted in red = major infection control deficiencies	Facilities highlighted in green = no infection control deficiencies							
						Accreditation Information		
Facility Name	Facility Address	Most Recent Survey	Surveyed by:	PURPOSE	2008 Focus Survey	Accreditation By	Expires	Deemed Status by (optional)
Alta Rose Surgery Center	501 Rose Street Ste. 110, Las Vegas	7/26/2005	BLC	Complaint	3/19/2008	AAAHC	contact AAAHC	
Ambulatory Surgery Center of Nevada	4631 E. Charleston Blvd Suite 105, Las Vegas	5/2/2006	JCAHO	Accreditation	3/19/2008	JCAHO	8/3/2009	
Ambulatory Surgery Center of S Nevada	2615 Box Canyon, Las Vegas	6/19/2007	BLC	Complaint	3/6/2008	AAAHC	3/10/2010	
American Surgery Centers	2575 Lindell Road,	5/11/2005	AAAHC	Accreditation	3/11/2008	AAAHC	5/15/2008	

of Las Vegas	Las Vegas							
Carson Endoscopy Center	707 North Minnesota, Carson City	9/7/2005	AAAHC	Accreditation	2/21/2008	AAAHC	10/14/2008	AAAHC
Centennial Spine & Pain Ctr	4454 North Decatur Blvd, Las Vegas	4/16/2003	BLC	State Licensure	3/11/2008	none	none	
Desert Shadow Endoscopy Ctr LLC	4275 S Burnham Ave Suite 101, Las Vegas	8/2/2006	AAAHC	Accreditation	1/30/2008	AAAHC	8/2/2009	
Digestive Disease Center	2136 E Desert Inn Rd #B, Las Vegas	5/3/2006	JCAHO	Accreditation	2/13/2008	JCAHO	8/3/2009	
Digestive Disease Center II	2700 Crimson Canyon Drive, Las Vegas	12/8/2006	AAAHC	Accreditation	3/7/2008	AAAHC	12/8/2009	
Digestive Health Center	5250 Kietzke Lane, Reno	8/15/2006	AAAHC	Accreditation	3/5/2008	AAAHC	8/31/2009	
Elite Endoscopy	7150 Smoke Ranch Road, Ste 150, Las Vegas	12/19/2007	AAAASF	Accreditation	3/5/2008	AAAASF	12/19/2010	AAAASF
Endoscopy Center of Southern Nevada LLC	700 Shadow Lane Ste 165b, Las Vegas	6/7/2007	BLC	Complaint	1/17/2008	none	none	
Eye Surgery Center of Nevada	3839 N Carson Street, Carson City	5/16/2001	BLC	State Licensure	3/19/2008	none	none	
Eye Surgery Center of Northern Nevada LLC	5420 Kietzke Ln Suite 106, Reno	12/14/2007	AAAHC	Accreditation	3/18/2008	AAAHC	6/14/2008	AAAHC
Flamingo Surgery Center	2565 East Flamingo Road, Las Vegas	2/20/2007	AAAHC	Accreditation	3/11/2008	AAAHC	2/28/2010	
Ford Center For Foot Surgery	2321 Pyramid Way, Sparks	7/16/2001	BLC	State Licensure	3/6/2008	none	none	
Gastrointestinal Diagnostic Clinic	3196 S Maryland Pkwy #207, Las Vegas	9/24/1996	BLC	State Licensure	2/15/2008	none	none	

Great Basin Surgical Center	855 Golf Course Rd, Elko	2/28/2006	AAHC	Accreditation	3/12/2008	AAHC	3/14/2009	AAHC
Henderson Surgery Center, LLC	1110 Wigwam Pkwy, Henderson	11/27/2007	AAHC	Accreditation	3/18/2008	AAHC	8/15/2008	AAHC
Institute of Orthopaedic Surgery LLC	2800 E Desert Inn Road Suite 150, Las Vegas	7/21/2006	AAHC	Accreditation	3/13/2008	AAHC	7/21/2009	
Lake Tahoe Surgery Center	212 Elks Point Road 201/Po Box 12189, Zephyr Cove	4/16/2005	JCAHO	Accreditation	3/13/2008	JCAHO	7/16/2008	
Las Vegas Specialty Surgery Center	1569 E Flamingo Road, Las Vegas	6/19/2007	AAHC	Accreditation	(closed - remodel)	AAHC	7/5/2008	AAHC
Las Vegas Surgery Center	870 S Rancho Dr, Las Vegas	7/2/2003	AAHC	Accreditation	3/19/2008	AAHC	12/30/2008	AAHC
Medical District Surgery Center	2020 Goldring Suite 300, Las Vegas	1/30/2008	AAHC	Accreditation	3/19/2008	AAHC	2/9/2011	
New River Surgical Arts	1120 New River Parkway Ste 100, Fallon	1/2/2008	AAHC	Accreditation	3/12/2008	AAHC	1/2/2011	
Parkway Ambulatory Surgery Center	100 N Green Valley Pkwy Ste 125, Henderson	1/13/2007	JCAHO	Accreditation	3/6/2008	JCAHO	4/13/2010	
Quail Surgical And Pain Management Ctr	6630 S McCarran Blvd Building C, Reno	4/4/2007	BLC	Complaint	3/7/2008	AAHC	9/12/2008	AAHC
Reno Endoscopy Center	880 Ryland Street, Reno	11/27/2001	AAHC	Accreditation	3/7/2008	AAHC	contact AAHC	
Reno Orthopaedic Surgery Ctr, LLC	350 West 6th Street 3rd Floor, Reno	2/19/2008	BLC	State Licensure	3/12/2008	none	none	
Sahara Surgery Center	2401 Paseo Del Prado, Las Vegas	7/30/2006	AAHC	Accreditation	3/18/2008	AAHC	7/30/2009	
Seven Hills Surgery Center	876 Seven Hills	6/19/2007	AAHC	Accreditation	3/19/2008	AAHC	6/23/2010	

LLC	Drive, Henderson							
Shadow Mountain Surgical Center	7135 W Sahara Ave Suite 101, Las Vegas	8/21/2006	BLC	Complaint	3/14/2008	none	none	
Shepherd Eye Surgicenter, Inc.	3575 Pecos McLeod, Las Vegas	5/22/2007	AAAHC	Accreditation	3/19/2008	AAAHC	6/2/2010	AAAHC
Sierra Center For Foot Surgery	1801 N Carson, Carson City	6/15/2001	BLC	State Licensure	3/14/2008	none	none	
Sierra Vista Surgery Center, LLC	10463 Double R Blvd Bldg 15 Suite 200, Reno	8/9/2005	BLC	State Licensure	3/5/2008	none	none	
Single Day Surgery Center	6950 W Desert Inn Road Suite 100, Las Vegas	6/22/2007	AAAHC	Accreditation	3/20/2008	AAAHC	9/15/2010	
South Meadows Endoscopy Center LLC	10619 Professional Circle, Reno	9/13/2007	AAAHC	Accreditation	3/7/2008	AAAHC	contact AAAHC	AAAHC
Southwest Medical Assoc. Amb. Surg. Ctr.	2450 W Charleston Blvd, Las Vegas	9/24/1996	BLC	State Licensure	3/18/2008	none	none	
Spanish Hills Surgical Center, LLC.	5915 S Rainbow Blvd Ste 108, Las Vegas	12/5/2007	BLC	State Licensure	(closed-Bus Lic)	none	none	
Specialty Surgicare of Las Vegas, Lp	7250 Cathedral Rock, Las Vegas	3/9/2006	AAAHC	Accreditation	3/18/2008	AAAHC	3/9/2009	
Spring Valley Surgery Center LLC	3835 S Jones Blvd Suite 103, Las Vegas	8/27/2004	BLC	Complaint	3/21/2008	none	none	
St Marys Outpatient Surgery Ctr At Galena	18653 Wedge Parkway, Reno	9/16/2005	JCAHO	Accreditation	3/11/2008	JCAHO	12/16/2008	
Surgery Center of Reno, LLC	343 Elm Street Suite 100, Reno	6/22/1999	BLC	State Licensure	3/6/2008	none	none	
Surgery Center of Southern Nevada	2250 E Flamingo Road Suite 100, Las Vegas	3/20/2003	BLC	State Licensure	3/17/2008	none	none	

Surgical Arts Center	9499 West Charleston #250, Las Vegas	11/29/2007	AAAHC	Accreditation	3/19/2008	AAAHC	12/2/2010	
Surgical Arts Surgery Center	5411 Kietzke Lane, Reno	9/1/2004	BLC	State Licensure	3/8/2008	none	none	
Tenaya Surgical Center LLC	2800 N Tenaya Way Suite 101, Las Vegas	9/15/2006	AAAHC	Accreditation	3/18/2008	AAAHC	10/28/2009	
The Surgical Center At Tenaya	2650 N Tenaya Way, Las Vegas	6/27/2005	AAAHC	Accreditation	3/14/08	JCAHO	6/30/2005	JCAHO
Western Nevada Surgical Center Inc	1299 Mountain Street, Carson City	7/7/2005	BLC	State Licensure	3/11/2008	none	none	
Wildcreek Surgery Center	2285 Green Vista Drive, Sparks	7/14/2004	BLC	State Licensure	3/10/2008	none	none	
Number of ASCs in Nevada: 50				Link to Accreditation Organizations				
North: 19				AAAHC	AAAASF			
South: 31				JCAHO				

Addendum to Work Performance Standards 3/13/08

Job Element #5 Related Factors Standard: Work Adjustment and Adaptability	3.75%	Measures confidence, independence, and resourcefulness
Job Element #6 Related Factors Standard: Cooperativeness	3.75%	Measures courtesy, acceptance of authority, team spirit, and positive attitude
Job Element #7 Related Factors Standard: Judgement:	3.75%	Measures decisiveness and soundness of reasoning.
Job Element #8 Related Factors Standard: Dependability	3.75%	Includes the attendance record and timeliness
Job Element #9 Related Factors Standard: Safety As a Health Division employee, incumbent is expected to be available for call-back during public health incidents and/or emergencies to perform duties specific to this position or to perform other duties as requested associated with a response role. This may entail working a non-traditional work schedule or at another duty station during the incident and/or emergency	3.75%	Follow all safety rules, immediately report injuries and hazards to supervisor. Cooperate fully with the office safety committee in such a manner to ensure personal protection for everyone. No exceptions.
Job Element #10 Notification to Local Health Authority: Notification (phone call and writing) immediately when a procedure or practice is identified that is a risk for patient exposure to bloodborne pathogens.	3.75%	No Exceptions
Job Element #11 Notification to Licensing Board: Immediate (same day) notification to licensing board when practice or procedure by a licensed medical provider is determined to be a factor in risk or harm to a patient.	3.75%	No Exceptions
Job Element #12 Notification to County/City Business License Authority: Written and phone call notification to county or city business licensing authority just prior to issuing the SOD to the provider. If bloodborne pathogen or other significant infection control risk was identified.	3.75%	No Exceptions

Ambulatory Surgical Centers
Occupational Board Contacts

Facility	Date Deficiency Identified	Process explanation	Statement of Deficiency issued	Plan of Correction Received	Name(s) of providers reported	Occupational Board Notified	Type of Notification (means)	Date of Initial notification	Name of Staff Reporting	Additional Contact with Boards
Endoscopy Center of Southern Nevada LLC	1/17/2008		2/4/2008	2/15/2008	All CRNAs involved in unsafe practice Keith Mathahs Vincent Mione Vincent Sagendorf Linda Hubbard Ralph McDowell Dr. D. Desai, Dr. C.Carrol, Dr. E. Carrera, Dr. D. Manuel, Dr. R. Mukherjee, Dr. S. Nayyar, Dr. V Sharman, Dr. S. Wahhid, Dr. Weiz	State Board of Nursing (SBON) Board of Medical Examiners (BOME)	Telephone call (2/11/08), Via email and hard copy (2/13/08) Via email	2/11/2008 & 2/13/2008 3/3/2008	Dorothy Sims, Diane Allen Lisa Jones	3/03/08 - Copy of SOD & Rosters
Desert Shadow Endoscopy	1/30/2008		2/15/2008	2/29/2008	Dr. S. Sharma Dr. D. Desai Dr. V. Sharma	BOME	Via email	3/4/2008	Lisa Jones	3/03/08 - Copy of SOD & Rosters
Gastrointestinal Diagnostic Clinic	2/14/2008		2/29/2008	3/10/2008	Dr. Scott Young Dr. N. Ghahreman Dr. L. Tupac	Board of Osteopathic Medicine (BOM) BOM BOME	Via email Sent notarized complaint based on request received on 3/4/2008 Telephone call from BOM Via email	2/21/2008 3/11/2008 3/15/2008 3/4/2008	Leticia Metherill Leticia Metherill Patricia Chambers Leticia Metherill Lisa Jones	3/4/2008 BOM asked for complaint that is signed and notarized. BOM interviewed surveyors regarding their interviews and observations SOD sent
St. Mary's Outpatient Surgery - Galena	3/5/2008		3/13/2008	3/27/2008	Stacey Ingram	State Board of Nursing (SBON) SBON	Telephone Call Via email and hard copy mailed	3/7/2008 3/18/2008	Diane Allen Diane Allen	
Quail Surgical Center & Pain Management	3/7/2008		3/11/2008	3/24/2008	Valerie Oxhorn	SBON	Via email and hard copy mailed	3/18/2008	Diane Allen	
Centennial Pain & Spine	3/11/2008		3/14/2008		Dr. James Thomas, Dr. David Lanzkowsky, Dr. Coppel	BOME	Via email	3/13/2008	Sonya Hill	3/14/08 - Copy of SOD & Rosters
Lake Tahoe Surgical Center	3/14/2008	Issue with surgery tech, Nursing Board contacted for oversight of process	3/18/2008	4/2/2008	Jay Shapiro Kathy Cocking	SBON	Telephoned, via email and hard copy mailed	3/15/2008	Diane Allen	
Shadow Mountain	3/13/2008	Interview only of staff, no physicians (no observation)	3/21/2008		Dr. D. Maltz Dr. K. Boscoe	BOME SBON	Via email and by phone	3/20/2008	Sonya Hill	3/21/08 Copy of SOD & Rosters
	3/20/2008	Inspection completed			Debbie March, RN Geraldyn Quigley, RN	SNHD Clark Cty Bus. Lic.	Telephone Telephone Via email	3/20/2008 3/20/2008 3/20/2008	Diane Allen Sonya Hill Sonya Hill	3/21/08 Copy of SOD 3/21/08 Copy of SOD 3/21/08 Copy of SOD
Sierra Center for Foot Surgery	3/5/2008	Interview only completed (no observation)			Dr. K Bean Dr. J. Bean Hilts	Board of Podiatry (3/07) Dr. BoME (3/20)	Via email and hard copy mailed Telephone & Fax (BoME)	3/7/2008 & 3/20/08	Diane Allen	
	3/14/2008	Inspection completed (observation)	3/20/2008	3/24/2008						

AMBULATORY HEALTH CARE ACCREDITATION
(Revised on March 20, 2008)

CURRENT LAWS AND REGULATIONS
(Recent changes in bold)

STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
Alabama	Chapter 540-X-10, Rules of the Alabama Board of Medical Examiners	Office- based surgery	Alabama Board of Medical Examiners	The Board approved regulations effective on Nov. 21, 2003, encouraging accreditation of facilities where deep sedation/analgesia or general anesthesia is provided. The rules require registration and reporting, in addition to standards based on level of anesthesia provided.
Arizona	Az. Rev. Stat., Sec. 36-424 (C). Az. Rev. Stat., Sec. 36-402 (3).	Health care institutions including ambulatory surgery centers Physician offices	Department of Health Services, Division of Assurance and Licensure Services	The Department accepts accreditation reports from recognized entities such as AAAHC in lieu of licensing inspections. Physician offices and clinics are exempt from the licensing requirements applicable to health care institutions unless patients are kept overnight as bed patients or treated otherwise under general anesthesia, except where treatment by general anesthesia is regulated under the dentistry statutes.
California	Health Safety Code, Ch. A.3, Sec. 1248; Bus. & Prof. Code, Secs. 2216.1, 2216.2, 2240	Outpatient facilities	Medical Board of California	Licensure, Medicare certification or accreditation is required for all outpatient settings where anesthesia is used (excluding local or peripheral nerve blocks). The Division of Licensing has approved AAAHC, among others, as state-recognized accreditation agencies. The legislation also contains a number of other requirements such as those relating to liability insurance coverage, reporting complications, adequate personnel and written discharge criteria. Facilities must be state licensed, Medicare-certified or accredited by an accrediting agency approved by the medical board in order to charge and collect a facility fee for use of the emergency room or operating room of the facility for services provided to injured employees under the state's workers' compensation laws.



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
California (Continued)	SB 430 Business and Professions Code, Sec. 1638 Health and Safety Code, Sec. 1228.	Dentists Primary care clinics (community and free clinics which are subject to licensure)	Dental Board Department of Health Services	Liposuction extraction and postoperative care standards for outpatient settings went in effect on Feb. 20, 2003. Procedures performed under general anesthesia or intravenous sedation, or that result in the extraction of 5,000 or more cubic centimeters of total aspirate, must be performed in a hospital or an outpatient setting that is licensed, or accredited by one of the approved entities listed above. On September 28, 2006, the Governor signed a bill into law which allows a person licensed to practice dentistry who is not a physician to apply for a permit to perform elective facial cosmetic surgery. The applicant would have to submit specified information to a credentialing committee appointed to the Board. The elective cosmetic surgery can only be performed in specified health facilities, including outpatient surgical facilities accredited by AAAHC. Effective Jan 1, 2004, primary care clinics (community and free clinics that provide a safety net for underserved, uninsured, and underinsured populations) that are accredited by AAAHC or other named accrediting organization are exempt from inspection by the Department.
Colorado	Policy Statement 40-12	Office- based surgery and Anesthesia	Board of Medical Examiners	In Nov. 2001 the Board adopted a policy statement regarding the provision of surgical and anesthesia services in office settings. Overnight patient stays are not recommended unless the facility is accredited as a "Class B or C facility" by AAAHC or other named accrediting organization, or Colorado Dept. of Public Health and the Environment.
Connecticut	Conn. Gen. Stats Sec. 19a-691; HB 5531 (signed into law on June 3, 2004)	Outpatient surgery centers and offices where certain types of anesthesia are administered	Office of Health Care Access, (OHCA) Dept. of Public Health	Any office or unlicensed facility at which moderate sedation/analgesia, deep sedation/analgesia or general anesthesia is administered must be accredited by AAAHC, among other accrediting organizations, or be Medicare-certified, within 18 months of administering such sedation or anesthesia. A law effective July 1, 2004 requires a license and a certificate of need (CON) for non-hospital outpatient surgical facilities that use moderate sedation, deep sedation or general anesthesia. Medical offices are exempt if they do not administer deep sedation or general anesthesia and meet certain other conditions. Facilities that operated before July 1, 2003 or received an OHCA determination that a CON was not required may operate until March 30, 2007 without a license.



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
Connecticut (Continued)	Conn. Gen. Stats.19a-638 (a)(4); SB 1207 (signed into law on June 7, 2005)	Health care facilities	OCHA	A law, effective July 1, 2005, requires a certificate of need approval, regardless of cost, for any health care facility that purchases, acquires or accepts the donation of imaging and scanning equipment. The CON requirement will be waived if the equipment was acquired prior to July 1, 2005 or a CON or determination a CON was not required was obtained from OCHA before July 1, 2005.
Delaware		Freestanding surgical centers	Health Resource Board (certificate of public review process)	The Board requires AAAHC or accreditation by another accrediting organization within one year of licensure as a condition of approving new or converted freestanding ambulatory centers.
District of Columbia	DC Code Secs. 32-1301 to 32-1309.	Health care facilities including ambulatory surgical facilities Office- based surgery	Department of Health Board of Medicine	Accreditation by a private accrediting body or certification to participate in a federal health program may be accepted in lieu of re-licensing inspection. Office-based facilities are subject to the licensing requirements as health facilities if complex procedures are performed. The Board issued an advisory in 2000 that it will follow ASA guidelines in determining the acceptable standard of care in cases involving office-based anesthesia.
Florida	Fla. Stats. Chapter 395; Fla. Admin. Code Sec. 59A-5.004 Fla. Stats. Sec. 458.309 (1), (3) ; 458.351 (6); 455.681 Fla. Admin. Code Rules 64B-9.009, 9.0091, 9.0092	Ambulatory surgical centers Office- based surgery performed in facility not regulated by AHCA or Department of Health	Agency for Health Care Administration (AHCA) Board of Medicine; Department of Health	Ambulatory surgical centers not accredited by AAAHC or another approved accrediting organization are subject to an annual licensure inspection survey. The agency accepts the survey report of an accrediting organization as substantial compliance. Florida law requires Dept. of Health inspections for physician office facilities where certain levels of surgery are performed, unless a nationally recognized accrediting agency or another accrediting organization subsequently approved by the Board of Medicine accredits the offices. Physicians performing certain levels of surgery in an office are required to register with the board and indicate whether their office is accredited or subject to a state inspection. The rules recognize AAAHC as an approved accrediting agency. The rules also require compliance with a number of state standards for office-based surgery.



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
Florida (Continued)	Fla. Stats. Sec. 641.512	HMOs and prepaid health clinics	AHCA's Bureau of Managed Health Care	The Board imposed an emergency rule moratorium from Feb. 11 to May 10, 2004 on performing liposuction and abdominoplasty procedures within 14 days of each other on the same patient in an office setting. In 2004, the District Court of Appeal invalidated the rule requiring an MD or DO anesthesiologist to supervise administration of anesthesia in Level III surgeries. The Board has amended the rule by deleting this requirement. HMOs and prepaid health plans are required to undergo an external quality assurance review by an approved accreditation organization, which includes AAAHC.
	Fla. Stats. Sec. 400.915 (11) (a); Fla. Admin. Code Rules 59A-33	Clinics providing MRI services	Dept. of Health	Clinics offering magnetic resonance imaging services must be accredited by AAAHC or another accrediting organization within one year after licensure, unless an extension is granted.
Georgia	Admin. Rules and Regs. of State of Georgia, Sec. 272-2-09 (1)(c)(10,11)	Ambulatory surgical facilities	State Health Planning Agency	The certificate of need licensing regulation requires that an applicant for an expanded ambulatory surgical facility, including diagnostic, treatment, or rehabilitation centers that offer ambulatory surgery, must provide appropriate documentation of meeting accreditation requirements of AAAHC, another named accrediting organization or "other appropriate accrediting agency." An applicant for a new facility must provide a statement of intent to meet such accreditation requirements within one year of obtaining state licensure.
	Admin. Rules and Regs. of State of Georgia, Sec. 120-2-93-0.13.01	HMOs	Office of Insurance and Safety Fire Commissioner	In April 2005, AAAHC was recognized as an approved accrediting organization by the Office of Insurance and Safety Fire Commissioner. According to staff in the Commissioner's office, HMOs can seek certification under Georgia law through proof of accreditation by an approved accrediting organization only for an expansion of services. If the HMO is starting a new business in the state, it must go through the initial licensing procedure.
Illinois	Rules for the Administration of the Medical Practice Act of 1987, Sec. 1285.340	Office- based anesthesia	Department of Professional Regulation	The Department has established minimum CME and ACLS certification requirements for operating physicians and anesthesiologists who administer certain levels of anesthesia in physician offices. In 2004, a court invalidated the rule requiring surgeons to have certain training and experience in anesthesia in order for a CRNA to provide anesthesia.



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
Indiana	440 Ind. Admin. Code Sec. 4.1	Community mental health centers	Division of Mental Health, Office of Contract Management, Licensing and Certification	AAAHC is approved for accreditation of managed care providers of mental health and addiction services, including HMOs and university student health centers that provide health care services, including mental health. According to the Division, AAAHC does not have standards that focus strictly on mental health and therefore may not be applicable to stand-alone behavioral health organizations.
	Policy of Acute Care Div., Ind. State Dept. of Health, interpreting 410 Ind. Admin. Code Sec. 15-2.2-2	Ambulatory surgery centers	Indiana State Department of Health	Effective Jan. 1, 2004, the Department accepts a Medicare deemed status survey conducted by AAAHC, or other accrediting organization with deemed status in lieu of its own annual re-licensing survey for the calendar year of that survey.
Kansas	Kan. Rev. Stats. Sec. 65-429	Ambulatory surgical centers and other health care facilities	Department of Health and Environment	The Department recognizes accreditation by entities defined in the state statute in lieu of its own licensing and risk management surveys.
	K.A.R. 100-25-1-100-25	Office- based surgery	Kansas State Board of Healing Arts	Regulations which set forth requirements for all office based surgery and procedures became effective January 1, 2006. In addition effective July 1, 2006, any physician who performs any office based surgery or procedure using general anesthesia or a spinal or epidural block must operate in an office that meets the standards of approved accrediting organizations, including AAAHC.
	Kan. Rev. Stats. Sec. 40-3211 (b)	HMOs	Insurance Department	A quality of care assessment by an independent organization is required for licensure of HMOs. AAAHC accreditation is recognized as meeting this requirement.
Kentucky	Guidelines for Office based Surgery	Office- based surgery	Board of Medical Licensure	The Board adopted on Dec. 18, 2003 guidelines that reflect prevailing standards of care. Offices where Level II or III procedures are performed are expected to obtain accreditation by a named accrediting organization, including AAAHC. Registration, reporting of incidents, and liposuction limits were among the requirements approved.



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
Louisiana	Louisiana Administrative Code, Title 46, Ch. 73	Office- based surgery	State Board of Medical Examiners	The Board adopted regulations on office based surgery that took effect on Jan. 1, 2005. Exempt procedures include those requiring no anesthesia, local or topical anesthesia, regional anesthesia or conscious sedation, and procedures performed by an oral and maxillofacial surgeon within the dentistry scope of practice. Offices accredited by AAAHC, among other accrediting organizations, and licensed facilities, are exempt from the regulations.
Maryland	Mar. Rev. Stats. Sec. 19-3B-03 (d)	Freestanding ambulatory care facilities	Department of Health and Mental Hygiene, Office of Health Care Quality	New legislation, which became effective October 1, 2006, requires accrediting organizations to submit an application and enter into an agreement with the Department of Mental Health and Hygiene. Once approved, the accrediting organizations can perform licensing surveys of ambulatory care facilities on behalf of the Department. The new law also covers managed care organization licensing surveys.
Massachus.	Massachusetts Medical Society Guidelines for Office-Based Surgery	Office- based surgery	Mass. Medical Society; Board of Registration in Medicine	The Board endorsed the medical society's guidelines, which are based on the level of anesthesia and the complexity of the procedures performed. In addition to other requirements, the recommendations provide that offices where surgery other than minor procedures are performed should be accredited by an accrediting organization, including AAAHC or AAOMS Office Anesthesia Evaluation program, or any other agency approved by the Board.
Mississippi	Mississippi State Board of Medical Licensure, Rules and Regulations, Article XXIV	Office- based surgery	State Board of Medical Licensure	Depending on the level of surgery performed, the Board's requirements address surgeon registration, surgical logs and records, reporting of adverse incidents, equipment, supplies, and training of surgeons. The Board provides an alternative credentialing mechanism for procedures outside a physician's core curriculum. Strong recommendations are included for amount of fat to be removed using tumescent liposuction.
Montana	Mont. Code Sec. 50-5-103; SB 105	Outpatient centers for surgical services (not including physician offices)	Department of Public Health and Human Services	The Department may consider as eligible for licensure during the accreditation period any outpatient center for surgical services that furnishes written evidence of its accreditation by AAAHC or JCAHO. This is an alternative to inspections by the Department.



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
Nebraska	175 Neb. Admin. Code, Ch. 7	Ambulatory surgical centers	Department of Health and Human Services, Regulation and Licensure, Credentialing Division	The Department deems ambulatory surgical centers accredited by AAAHC or JCAHO, or certified to participate in the Medicare or Medicaid program, to be in compliance with its standards of operation, care and treatment.
Nevada	NAC Sec. 449.9745	Ambulatory surgical facilities	State Division of Health	Ambulatory surgical centers are deemed to be in compliance with state licensure requirements if accredited by AAAHC, among other accrediting organizations, and if the standards of the accreditation body are at least as stringent as the requirements for licensing.
	NAC Secs. 695C.300-320	HMOs	State Division of Health	External quality examinations are required for HMO licensing. AAAHC accreditation is recognized as meeting this requirement.
New Hampshire	Laws of NH, Sec. 151:5-b; NHCAR 1904.1 (t)	Ambulatory surgical facilities	Department of Health and Human Services; Health Services Planning & Review Board	Medicare-certified facilities are deemed licensed and are exempt from state inspections. Existing ambulatory surgical facilities may demonstrate the delivery of safe services by providing copies of accreditation survey reports.
New Jersey	NJAC 8:43A-3.12 (b)	Ambulatory surgery centers	Department of Health and Senior Services	After licensure, ASCs must submit annually the report of a survey by an independent accreditation organization whose standards meet or exceed Medicare conditions of coverage.
	NJAC 13:35-4A.12; 17;	Office- based surgery and anesthesia	Board of Medical Examiners	Regulations govern the administration of office-based anesthesia, including standards for training, credentialing, staffing, equipment and reporting. In Dec. 2002, the Board issued the final rule detailing the alternative privileging mechanism for office-based physicians who do not hold hospital privileges. Certain documentation of competence, training and clinical experience are required to obtain privileges for performing surgery or special procedures, performing or supervising general and regional anesthesia or conscious sedation, or utilizing lasers. The privileging requirement is not imposed for “minor surgery” although certain procedures such as liposuction and breast augmentation are not considered minor.



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
New Jersey (Continued)	N.J.A.C. 13:35-6.7	Office- based surgery	Board of Medical Examiners	<p>Privileges are granted for two years. Initial applications must be submitted by Dec. 16, 2003. Physicians who submit an application for alternative privileging may continue to provide services until the Board acts on their application. The Board developed a list of acceptable in-office procedures and alternative privileging application forms, and selected an entity to review the documentation submitted along with application.</p> <p>Effective November 7, 2005, physicians who perform “new or novel procedures in an office setting” must establish procedural protocol that provides for the protection of patients consistent with settings under the jurisdiction of an Institutional Review Board which complies with the requirements of the Food and Drug Administration.</p> <p>In June 2005, the New Jersey Supreme Court upheld the Superior Court’s ruling that the Board of Medical Examiners has the legal authority to impose supervision requirements on CRNAs working in physician’s offices. A supervising physician without concurrent responsibilities must be present in the room when a CRNA administers general or regional anesthesia. These rules are the most restrictive of any state.</p>
New Mexico	NM Statutes, Sec. 24-1-5 (F)	Health facilities, including outpatient facilities and diagnostic and treatment centers	Department of Health, Health Facility Licensing and Certification Bureau	Licensed health facilities that receive certification to participate in federal reimbursement programs and are fully accredited by entities defined in the statute are granted a license renewal based on that accreditation.
New York	NYCRR Title 10, Sec. 755.2	Ambulatory surgical facilities	Department of Health	ASCs must obtain accreditation from AAAHC or other named accrediting organizations within two full years of operation. After an initial licensing inspection, the Dept accepts accreditation surveys in lieu of its own re-licensing inspections.



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
New York (Continued)	S. 6052	Office- based surgery	Department of Health	<p>On July 18, 2007, the Governor signed into law legislation (S.6052) requiring that office-based surgeries be performed by physicians in settings that have obtained and maintained accreditation. Under the law, performing surgery in an unaccredited setting would constitute professional medical misconduct.</p> <p>In addition, the new law requires physicians in these practices to report adverse events, including patients who die within 30 days of a procedure, unplanned transfers to hospitals or other "serious or life-threatening" events, to the state Health Department's Patient Safety Center within 24 hours. Data from these reports is protected under the new legislation and will not be subject to public disclosure under state "freedom of information" act requests but can be included in reports that aggregate such outcome data.</p> <p>The law takes effect six months from its enactment; however, the accreditation requirement will become effective two years after enactment. AAAHC has been recognized by the Department of Health as an approved accrediting organization.</p>
North Carolina	10 NC Admin. Code 03R.2116; 03R Sec. 2100; 03Q.0202(a) Position Statement on Office-Based Procedures	Ambulatory surgical facilities Office-based Surgery	Division of Facility Services, Department of Health and Human Resources North Carolina Medical Board	<p>Ambulatory surgery facilities (ASFs) are required to obtain accreditation from AAAHC or a comparable accreditation authority within two years of completion of the facility. ASFs accredited by AAAHC or other accrediting organizations are deemed as meeting licensure requirements.</p> <p>On January 23, 2003, the Board approved a position statement of standards of practice. By January 2004, any physician performing level II or III procedures in an office should be able to demonstrate substantial compliance with the guidelines, or obtain accreditation by a nationally recognized agency such as AAAHC, or other board-approved agency. Other guidelines address physician credentialing, including an alternative privileging option, emergencies, performance improvement, medical records, patient selection, equipment and supplies and personnel. Failure to comply creates the risk of disciplinary action by the Board.</p>
Ohio	Ohio Code Sec. 3702-30; Admin. Code Sec. 3701-83	Ambulatory surgical facilities (ASFs).	Department of Health	The Department accepts accreditation reports of ASFs in lieu of compliance with health facility regulations and an onsite state



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
	Administrative Code Secs. 4731-25-01 to 07	<p>Surgical facilities holding themselves out to the public or government entities as ASFs are subject to the regulations.</p> <p>Office- based surgery</p>	State of Ohio Medical Board	<p>survey. The Department is authorized to renew a license without a state survey if the facility is accredited by AAAHC or other named accrediting organizations, and is deemed to be in compliance with the Medicare conditions of coverage. Compliance may also be demonstrated by an ASF that has achieved Medicare certification through a state survey that was conducted within 90 days of the licensure renewal date.</p> <p>Effective June 1, 2006, the Department adopted rules which, among other changes, increase penalties for operating without a license and failing to obtain informed consent from patients. The extent of the fine depends on factors, including whether there has been “harm” to the patient.</p> <p>The Medical Board approved regulations requiring accreditation of offices where physicians or podiatrists perform surgery using moderate sedation or higher anesthesia. The rule took effect on January 1, 2004. Application is required within 18 months of that date and accreditation must be obtained within three years after that date. AAAHC, other named accrediting organizations and any other board-approved agencies are recognized. The rules also contain education, training and experience requirements for surgery and anesthesia, and limits on liposuction.</p>
Oklahoma	Okla. Admin. Code Sec. 310:655-17-11	<p>HMOs and prepaid health plans</p> <p>Office- based surgery</p>	<p>Department of Health</p> <p>State Board of Medicine</p>	<p>The Department examines the quality of health care services offered by HMOs and prepaid health plans, and has approved AAAHC as an independent quality examiner.</p> <p>The Board adopted guidelines for physicians who perform procedures that require anesthesia or sedation in an office setting.</p>
Oregon	<p>ORS Sec. 441.055 (2); OAR Sec. 333-076-0114 (2);</p> <p>Oregon Admin. Rules Sec. 847-017-0000 to 006</p>	<p>Health care facilities including ambulatory surgical centers</p> <p>Office-based surgery</p>	<p>Dept. of Human Services, Oregon Health Division</p> <p>Oregon Board of Medical Examiners</p>	<p>The Division may accept certificates by accreditation entities listed in the statute as evidence of compliance with acceptable standards in lieu of state inspections.</p> <p>Regulations were adopted at the October 13, 2006 meeting of the Board which require that every physician performing procedures or surgery using conscious sedation or anesthesia services must perform them in a facility that is accredited by an agency approved by the Board. AAAHC is included as an approved accrediting agency.</p>



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
	Oregon Admin. Rules Sec. 818-012-0005	Dentists	Board of Dentistry	Dentists performing specified cosmetic surgery procedures deemed to be within the dentistry scope of practice must hold privileges issued by a credentialing committee of a JCAHO-accredited hospital, or of an ambulatory surgical center licensed by the state and accredited either by AAAHC or JCAHO.
Pa.	Pa. Rules and Regulations, Title 28, Part IV, Subpart F, Chs. 551- 571	Ambulatory surgical facilities (includes physician offices with a distinct part used solely for surgery on a regular and organized basis)	Department of Health	For Class A, limited to local or topical anesthesia, ASFs must register and obtain accreditation from a named accreditation organization, including AAAHC. For higher Classes B and C, licensure is required, although the rules allow the dept. to delegate the survey function to nationally recognized accreditation agencies. At this time, the Department is not recognizing accreditation for Class B or C licensure but conducts its own licensure surveys.
	Pa. Rules and Regulations, Title 28, Part I, Ch. 9	HMOs	Department of Health	External quality review is required for licensure of HMOs. AAAHC accreditation has been recognized as meeting this requirement. The Department. revised its regulations and is expected to issue RFPs to approve external quality reviews organizations.
Rhode Island	RI Stats., Ch. 23-17 Dept. of Health Rules and Regulations, R23-17-POSPST	Office- based surgery	Department of Health	The Department issued regulations requiring licensure for offices in which surgery other than minor procedures is performed, along with other requirements. Physicians who provide such services must be licensed. Application for accreditation by an accrediting organization, including AAAHC, is required within nine months from initial licensure, with accreditation required within two years after licensure. Accreditation must be maintained as a condition of licensure thereafter. In June 2002, the enabling law was amended to specifically include office based podiatry.
South Carolina	Regulation 61-91, Sec. 202 Regulation 81-96	Ambulatory surgical facilities Office- based surgery	Department of Health and Environmental Control Board of Medical Examiners	The Department may consider accreditation surveys in determining the appropriateness of conducting its own inspections. On June 7, 2007, the General Assembly ratified Regulation 81-96 which requires accreditation of certain office-based surgery practices. The regulations define three levels of practice and requirements are based on the level of practice.
Tennessee	Tenn. Code Sec. 68-11-210 (b)(5)(A)	Ambulatory surgical centers	Department of Health	Licensed health care facilities accredited by a federally recognized accrediting body are deemed to meet all applicable



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
	Rule 0880-2-21	Office-based surgery	Tennessee Board of Medical Examiners	licensing requirements. The Board adopted new regulations in October, 2007 following legislation which directed the Board to use the rules for ambulatory surgical treatment centers guidelines for regulations. These regulations are intended to apply to physician's who perform Level I, II, IIA and III surgeries as part of a medical practice whose "focus in on the provision of medical services and procedures not related to surgery an option to provide on-site surgical services. Other practices must comply with the laws governing ambulatory surgical treatment centers. For Level I and II office- based surgery practices, the rule sets forth requirements. For Level III office- based surgery, the physician must apply for certification from the Board.
Tennessee (Continued)	H.B. 1056 Public Chapter No. 373	Office-based surgery	The Department of Health	Legislation has been enacted which requires the Board to use the rules for ambulatory surgical treatment centers as guidelines for establishing rules regarding infection control, life safety, patients' rights, hazardous waste, and equipment and supplies. The Department of Health is required to provide a site survey of the physician's office, conduct subsequent unannounced visits and respond to patient complaints. The results of these surveys will be forwarded to the Board, subject to certain confidentiality restrictions.
Texas	25 Texas Admin. Code Sec. 135.20; 135.22 Tex. Civ. Stats. Article 4495b, Subch, G, Secs. 7.01-7.07; Article 4427e	Ambulatory surgical centers Outpatient surgical settings that are not part of a licensed hospital or ambulatory surgical	Department of State Health Services State Board of Medical Examiners; State Board of Nursing Examiners	Effective April 4, 2004, an initial or renewal state licensing survey may be waived if the ASC provides documented evidence of accreditation by AAAHC or another accrediting organization and Medicare deemed status. The Executive Commissioner of the Health and Human Services Commission has adopted amendments to the regulations governing ASCs that include new requirements for the governing body to adopt policies relating to accurate billing, evaluation of nutritional needs of patients staying for over 8 hours and establishment of an emergency call system. In addition, the regulations amend requirements for anesthesia, surgical and nursing services and reporting requirements. The two Boards adopted regulations governing physicians and CRNAs providing or administering general or regional anesthesia, or monitored anesthesia, in outpatient settings. The regulations exempt licensed ASCs and outpatient settings



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
	22 TAC Secs. 192.1-192.6; 22 TAC Sec. 221.1-221.17 SB 155	center Health benefit plans including HMOs	Department of Insurance	accredited by accreditation organizations, including, AAAHC. Legislation enacted on June 17, 2005 deems HMOs and other health benefit plans that are accredited by nationally recognized accreditation organizations, including AAAHC, from state regulatory requirements.
Utah	Dept. of Health, Health Facility Licensure, #R432-3-3	Surgery, treatment, and birthing centers, behavioral health clinics and home care facilities	Department of Health	The Department's regulations recognize accreditation by AAAHC, Community Health Accreditation Program, among others, for deemed status for health care facilities requiring licensure. In February 2004, the Department approved AAAHC to perform independent audits of ASCs' patient safety programs for identifying and reporting adverse drug events.
Virginia	12 VAC5-270-60 Code of Va., Sec. 54.1-2939 18 VAC 85-20-310 to 390	Ambulatory surgery centers Ambulatory surgery centers and office- based surgery	Department of Health Department of Professional. & Occupational. Regulation Board of Medicine	The Certificate of Public Need regulations require ASCs to meet applicable standards of AAAHC or JCAHO. Podiatrists may not perform surgery under a general anesthetic in an ambulatory surgery center unless it is approved by AAAHC, JCAHO or AAAASF. The Board issued regulations governing office-based anesthesia, effective June 18, 2003. The regulations cover doctors of medicine, osteopathic medicine and podiatry in non-hospital settings where moderate sedation or higher levels are administered, and include training, transfers, reporting and other requirements.
Washington	Wash. Admin. Code Sec. 296-23B-0100 HB 1414	Ambulatory surgery centers that contract with Dept. of Labor and Industries Ambulatory surgery centers	Department of Labor and Industries Department of Health	ASCs that contract with the Department to provide medical services to injured workers and crime victims must have either Medicare certification or accreditation by a nationally recognized agency acknowledged by CMS. Legislation enacted on May 2, 2007, requires ambulatory surgical facilities to be licensed. Previously, while certain facilities had to obtain a certificate of need, there was no license requirement. A facility may demonstrate it has met the licensing standards if it is Medicare certified or has met the standards of an accrediting organization with substantially equivalent standards. After June 30, 2009, all ambulatory surgical facilities must be licensed. Whether or



STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
				<p>not an organization is accredited, the facility must be surveyed every 18 months by the Department of Health.</p> <p>Offices maintained for the practice of dentistry and outpatient specialty or multi-specialty surgical services routinely performed in the office of a practitioner in an individual or group practice not requiring general anesthesia are exempt from the licensing requirements. The legislation also includes adverse event reporting requirements as well as other requirements. The Department of Health is currently working on draft regulations.</p>
Washington (Continued)	HB 1414 (Continued)	Office-based surgery	Medical Quality Assurance Commission	In addition, the legislation provides the Medical Quality Assurance Commission, as well as the Board of Osteopathic Medicine and Surgery and the Podiatric Medical Board, the authority to regulate office based surgery facilities. Proposed regulations have not yet been issued.
Wyoming	Wym. Stats. Sec. 35-2-907 (a)	Ambulatory surgery centers	Department of Health	Licensed health care facilities accredited by a nationally recognized accrediting body approved by federal regulations are granted a license renewal without further inspection by the department.

- ❑ Twenty five states and DC require or recognize accreditation of certain types of ambulatory surgical centers or facilities (AZ, CA, DE, DC, FL, GA, IN, KS, MD, MT, NE, NV, NH, NJ, NM, NY, NC, OH, OR, PA, SC, TN, TX, UT, VA and WY).
- ❑ For office-based surgery procedures meeting various thresholds, Connecticut, Ohio, **New York**, Oregon, Pennsylvania, Rhode Island, and **South Carolina** and require accreditation. Kansas requires that practices meet the requirements of accreditation. California and Florida require state certification or accreditation. Louisiana, North Carolina and Texas exempt accredited settings from surgery/anesthesia regulations or guidelines. Alabama, Illinois, Mississippi, New Jersey and Virginia adopted office anesthesia or surgery regulations. Colorado, D.C., Kentucky, Massachusetts, North Carolina, Oklahoma, and Washington adopted voluntary guidelines or policy statements. **Indiana has issued proposed regulations pending which would require accreditation of practices using defined levels of anesthesia.** Arizona prohibits treatment under general anesthesia in unlicensed physician offices. **The Arizona Medical Board has issued draft regulations specifying further requirements for office based practices, but not accreditation. Legislation has been enacted in Washington State which authorizes the Medical Quality Assurance Commission to regulate office based practices.** Seven states recognize AAAHC accreditation for quality assurance reviews of HMOs (Florida, Georgia, Kansas, Oklahoma, Pennsylvania, Nevada and Texas). Wisconsin recognizes AAAHC accreditation for Medicaid managed care plans.



REGULATIONS IN DEVELOPMENTAL OR DRAFTING STAGE

STATE	STATUTE/RULE	ENTITY	AGENCY	DESCRIPTION
Arizona	Proposed Rule Article 7, R4-16-701-709	Office based surgery	Arizona Medical Board	Legislation was enacted in 2004 providing the board with specific authority to develop rules. Proposed regulations include anesthesia, administration, procedure and patient selection, equipment, and emergency and transfer provisions. The proposed rules were published in the Arizona Administrative Register and a hearing was held on September 17 to address comments. One amendment was made to the proposed rules which were adopted at the December 13-14, 2007 meeting. The rules have been submitted to the Governor's Rulewriting Review Council for approval.
Indiana	S. 225 (effective 7/ 1/05)	Office based surgery	Medical Licensing Board of Indiana	Legislation enacted on July 1, 2005 enacted directs the Board to adopt rules establishing standards for office-based procedures that require moderate or deep sedation or general anesthesia. The Medical Licensing Board approved regulations which would require accreditation for office-based surgery settings using moderate sedation, deep sedation or general anesthesia. It is expected that the Governor may sign the regulations some time in May.
Massachusetts	S. 2526	Ambulatory Surgical Centers		Legislation introduced by Senate President Therese Murray, An Act to Promote Cost Containment, Transparency and Efficiency in the Delivery of Quality Health Care contains provisions which would subject any freestanding entity which is or intends to be Medicare certified to the determination of need process and licensure by the state. Currently, physician owned ambulatory surgical centers have been exempt from these requirements. The legislation provides an exemption from the determination of need provision for centers in operation or under construction on the effective date of the bill. In addition, existing centers would have six months to apply for licensure. Centers accredited by AAAHC, among others, would be deemed to be in compliance with conditions for licensure.
Oregon	Proposed Rule Amendment	Office-based surgery	Board of Medical Examiners	The proposed amendment adds the Oregon Society of Oral Maxillofacial Surgeons (OSOMS) to the list of Board recognized accrediting organizations and adds an allowance



	847-017-0010			for licensees who hold a MD/DO degree as well as a DDS/DMD degree and who are active members of ASOMS to perform maxillofacial procedures under the administrative rules of the Oregon Board of Dentistry. March 28 is the last day for public comment on the proposed regulations.
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This information was compiled from a variety of sources, including NCSL, AMA, medical specialty societies, regulators and accreditation organizations. AAAHC cannot guarantee its complete accuracy, and continues to research state statutes and rules governing ambulatory health care. Please report any changes or new information to Carolyn Kurtz, AAAHC Senior Counsel & Director, Government / Public Affairs (TEL: 847/853-6072). Thank you for your assistance.

States/ambulatory state regulation

