

## ACCREDITED FACILITIES

### Consultation to Members and Stakeholders

#### *Need for an Updated Bylaw*

The College of Physicians and Surgeons of Manitoba has as its **statutory mandate a duty to serve and protect the public interest**. Patients have a right to safe and good medical care and to be protected from harm, whether care is administered in a hospital or private practice facility. It is CPSM's expectation that each member operating a private clinic must adhere to appropriate measures to ensure no harm comes to patients. Clinics are subject to review by CPSM at any time to ensure recommended practices and procedures are being carried out safely and consistently.

Medical treatment services and procedures can be performed in a wide range of facilities from a tertiary hospital to a physician's office in the community. Hospitals are fully accredited through Accreditation Canada. Doctors' offices are not accredited. There is an in-between area that CPSM is called upon by the legislation to accredit. These are the non-hospital surgical facilities also known as accredited facilities. A Working Group was formed to determine what types of facilities performing what treatments, services and procedures should be accredited by the CPSM. Members of the public must be satisfied that when they undergo medical treatment services or procedures it is done in a facility accredited by an external body if there is a threshold level of risk identified with that medical procedure.

The current Accredited Facilities Bylaw requires CPSM accreditation only if IV procedural sedation is undertaken on patients. A jurisdictional scan indicated that the Ontario and Western Canadian Colleges generally accredit facilities listed in the recommendations.

#### SUMMARY OF MAJOR RECOMMENDATIONS

*1 – Accreditation should be based upon diagnostic and treatment services and procedures that have a **sufficient risk of potential harm to the patient**.*

*2 - The **criteria for assessing sufficient risk of potential harm to a patient** include:*

- Level of Anesthesia and/or Sedation
- Need for Medical Device Reprocessing (infection risk)
- Complexity of Procedure and Risk of Complications

**3 – These *treatment services and procedures pose sufficient risk of potential harm* to a patient and should be accredited by CPSM if not performed in a hospital:**

- Procedural sedation<sup>1</sup>
- Oral sedation<sup>2</sup>
- local regional or general anesthesia, provided the standard of care requires monitoring of vital signs as a result of the administration of the drug to induce sedation or anesthesia
- the use of drugs by injection which are intended or may induce a major nerve block or spinal, epidural or intravenous regional block;
- flexible endoscopic evaluation of the gastrointestinal or genitourinary tract;
- cataracts and retinal procedures;
- Lasik therapeutic procedures;
- Deep, major, and complicated procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the appropriate location for these surgical procedures in accordance with the resources necessary for unexpected complications and with generally accepted standards of care. These procedures may include:
  - resection of a deep, major or complicated lesion;
  - surgical and diagnostic procedures with risk of bleeding from major vessels, gas embolism, perforation of internal organs, and other life-threatening complications or requiring sterile precautions to prevent blood borne deep closed cavity or implant-related infections;
- any tumescent liposuction procedure involving the administration of dilute local anesthesia;
- assisted reproduction technology, uterine evacuation procedures, and hysteroscopy;
- hyperbaric oxygen therapy;
- hemodialysis;
- only ASA 1 and ASA 2 procedures (not ASA 3) <sup>3</sup>
- Any procedure that the Committee directs, which must be performed in an approved, non-hospital medical or surgical facility, in order to meet the minimum acceptable standard of care for that procedure.

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<sup>1</sup> (an altered or depressed state of awareness or perception of pain brought about by pharmacologic agents and which is accompanied by varying degrees of depression of respiration and protective reflexes in which verbal contact with the patient can be maintained, and i. includes, but is not limited to, the use of any IV agent for this purpose; and ii. requires the monitoring of vital signs but does not include the use of oral pre-medication alone or in combination with local anaesthesia. No distinction is made between light and deep procedural sedation for credentialing or monitoring purposes.)

<sup>2</sup> (an altered state or depressed state of awareness or perception of pain brought about by pharmacologic agents and with is accompanied by varying degrees of depression of respiration and protective reflexes in which verbal contact with the patient can be maintained. This is specific to the use of oral medication alone. An example may include oral dosing of opioids and/or benzodiazepines that produce the above states.)

<sup>3</sup> American Society of Anesthesiologists Physical Status Classification

**4 – Privileging at Accredited Facilities**

- Medical Director would approve privileges for individuals with existing Shared Health/Regional privileges
- Where no Shared Health or Regional privileges exist, or to vet the solo owner/medical director/practitioner:
  - Grandfather current privileged physicians
  - Use established Shared Health credentialing process to vet applicants using a program/specialty lens
  - Implement a non-refundable assessment fee paid to Shared Health/CPSM for the credentialing process
  - Privileges would be granted by CPSM through Program Review Committee

**5 – Strengthen the role of the *Medical Director***

**6 – Create *Practice Directions* to focus on regulation of surgical procedures and interventions that do not meet criteria for accreditation (whether performed in an accredited facility or not) yet require an added element of public safety/protection.**

- cosmetic injections, fillers, venous sclerotherapy and laser use
- hair transplant and
- autologous platelet rich plasma therapy

**NOTE:** The following procedures can be performed in any typical physician’s community clinic and are exempt from being performed in accredited facilities:

PAP smears  
Lumps and Bumps  
Suturing

To review the full report, click [HERE](#).