



STANDARDS FOR OUTPATIENT SURGICAL CLINICS

STANDARD

Department: Quality Improvement Department

Document Identifier: SD/HCO/002/02



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

1. PURPOSE

1.1	This Standard defines the minimum requirements including licensing and service specifications to ensure acceptable minimum levels of quality, performance, safety and reliability of Outpatient Surgical Clinic Services Licensed under DHCA.
1.2	This Standard defines types, classes and scope, licensing criteria and service limitations for the provision of Outpatient Surgical Clinic Licensed under DHCA and its branches, wherever applicable.

2. SCOPE OF APPLICATION

2.1	This Standard applies to all Healthcare Operators that are currently providing or intending to provide Outpatient Surgical Clinic Services licensed under DHCA.
2.2	This Standard does not include Outpatient Surgical Clinic Services provided in Fertility Clinics which are subject to the Federal Law No 11 of 2008 concerning Licensing of Fertilization Centers in the State.

3. STANDARD

3.1 LICENSURE OF OUTPATIENT SURGICAL CLINICS

3.1.1	Any DHCC Entity wishing to provide Outpatient surgical clinics Services must be licensed by DHCA in accordance with the requirements and procedures of the Dubai Healthcare City Authority (DHCA) Healthcare Operators Regulation No. 4 of 2013, the Company Regulation No. 8 of 2013, the Commercial Services Licensing Regulation No. 9 of 2013 and the Standards defined herein.
3.1.2	Each Outpatient surgical clinic shall be either a 'Hospital Based' Outpatient surgical clinic or a 'Free Standing' Licensed Outpatient Surgical Clinic. <p style="margin-left: 40px;">3.1.2.1 A 'Hospital Based' Outpatient surgical clinic is located within or adjoining an affiliated licensed hospital and shall operate and provide Outpatient surgical clinic Services under the licensed hospital's Clinical Operating Permit. A 'Hospital Based' Outpatient surgical clinic shall only provide Outpatient surgical clinic Services within the hospital's recognized scope of services as</p>



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

	<p>part of the hospital's surgical activities and need not obtain a separate Clinical Operating Permit.</p> <p>3.1.2.2 A 'Free Standing' Outpatient Surgical Clinic is an independent provider of Outpatient Surgical Clinic Services which is not located within or adjoining an affiliated hospital. Each 'Free Standing' Outpatient Surgical Clinic in DHCC shall be licensed by DHCA and shall obtain a Clinical Operating Permit as a Licensed Outpatient Surgical Clinic.</p> <p>3.1.2.3 When Day Surgical Services are restricted to Gastrointestinal Endoscopic procedures such Healthcare Operators may be issued a Clinical Operating Permit as a Gastrointestinal Endoscopic Suite in accordance with the applicable DHCA standards and guidelines.</p>
3.1.3	<p>In issuing a Clinical Operating Permit and in renewing a Clinical Operating Permit, the Facility Licensing Department shall determine the appropriate 'Type' 'Class', 'Scope' and 'Clinical Activities' for each Licensed Outpatient Surgical Clinic.</p>
3.1.4	<p>Each Outpatient Surgical Clinic shall be classified according to the American Association for Accreditation of Ambulatory Surgery Clinics as a Class A, Class B, Class C-M, or Class C Outpatient Surgical Clinic. This is based upon the level of anesthesia administered, the complexity of the surgical procedure performed and the corresponding standards necessary to ensure patient safety. Classification shall be based on the highest level of anesthesia provided.</p> <p>3.1.4.1 In a Class A Clinic, all surgical, endoscopic and/or pain management procedures may be performed under the following anesthesia:</p> <ol style="list-style-type: none"> Topical Anesthesia Local Anesthesia <p>If oral medications are used, only minimal and moderate sedation levels are permitted in Class A Clinics.</p> <p>3.1.4.2 In a Class B Clinic, all surgical, endoscopic and/or pain management procedures may be performed under the following anesthesia:</p> <ol style="list-style-type: none"> Topical Anesthesia Local Anesthesia Parenteral Sedation Regional Anesthesia



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

e) Dissociative Drugs (excluding Propofol)

The use of Propofol, Spinal Anesthesia, Epidural Anesthesia, Endotracheal Intubation Anesthesia, Laryngeal Mask Airway Anesthesia, and/or Inhalation General Anesthesia (including Nitrous Oxide) is prohibited in a Class B Clinic.

3.1.4.3 In a Class C-M Clinic, all surgical, endoscopic and/or pain management procedures may be performed under the following anesthesia:

- a) Topical Anesthesia
- b) Local Anesthesia
- c) Parenteral Sedation
- d) Regional Anesthesia
- e) Dissociative Drugs (including Propofol)
- f) Spinal Anesthesia
- g) Epidural Anesthesia

The use of Endotracheal Intubation Anesthesia, Laryngeal Mask Airway Anesthesia, and/or Inhalation General Anesthesia (including Nitrous Oxide) is prohibited in a Class C-M Clinic.

3.1.4.4 In a Class C Clinic all surgical, endoscopic, and/or pain management procedures may be performed under the following anesthesia:

- a) Topical Anesthesia
- b) Local Anesthesia
- c) Parenteral Sedation
- d) Regional Anesthesia
- e) Dissociative Drugs (including Propofol)
- f) Epidural Anesthesia
- g) Spinal Anesthesia
- h) General Anesthesia (with or without Endotracheal Intubation or Laryngeal Mask Airway Anesthesia)

3.1.5	<p>Clinical Activities that can be delivered within an Outpatient Surgical Clinic are restricted to:</p> <p>3.1.5.1. Anesthesiology Services</p> <p>3.1.5.2. Dental Surgery</p> <p>3.1.5.3. Gastroenterology (3.1.6)</p>
-------	--



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

	<p>3.1.5.4. General Surgery</p> <p>3.1.5.5. Gynecology</p> <p>3.1.5.6. Ophthalmology</p> <p>3.1.5.7. Oral and Maxillofacial Surgery</p> <p>3.1.5.8. Orthopedic Surgery</p> <p>3.1.5.9. Otolaryngology</p> <p>3.1.5.10. Pain Medicine</p> <p>3.1.5.11. Pediatric Surgery</p> <p>3.1.5.12. Plastic Surgery</p> <p>3.1.5.13. Urology</p> <p>3.1.5.14. Vascular Surgery</p>
3.1.6	Gastrointestinal endoscopic procedures are to be performed in outpatient surgical procedural rooms designed and designated for this purpose in accordance with current DHCA standards and guidelines.
3.1.7	Procedures involving cardiac catheterization shall be performed only in a suitably designed and designated day surgical facility within a hospital setting.
3.1.8	The Clinical Operating Permit for Free Standing Outpatient Surgery Clinic shall be valid for a period of one (1) year and shall be renewable in accordance with the provisions of the DHCA Healthcare Operators Regulation No. 4 of 2013 and all other applicable rules, policies and standards in effect.
3.1.9	Each Outpatient surgical clinic shall provide services in accordance with all applicable regulations, rules, policies and standards of DHCA.
3.2 QUALIFIED PERSONNEL	
3.2.1	Each Outpatient Surgical Clinic shall appoint qualified personnel and maintain staffing levels as required to ensure reliable and consistent care in compliance with these Standards, Dubai Outpatient Clinic Quality Standards or the appointed accreditation organization's standards, the DHCA Quality Oversight Policies, and any other applicable regulations, rules and standards.
3.2.2	Each Outpatient Surgical Clinic shall have a documented process for determining its overall staffing needs, by number and type of staff based on whether it is Class A, Class B, Class C-M, or Class C Outpatient Surgical Clinic.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.2.3	Physicians and all other Healthcare Professionals providing healthcare services in Outpatient Surgical Clinics must be Licensed Healthcare Professionals in DHCC.
3.2.4	All such Healthcare Professionals shall provide Outpatient Surgical Clinic Services within the scope of practice and standards of proficiency for their licensed category.
3.2.5	Each Outpatient Surgical Clinic must have in place management staffing, including, but not limited to, an experienced Administrator, a Licensed Medical Director and a senior Licensed Nurse.
3.2.6	The Administrator shall be responsible for the day to day management of the Outpatient Surgical Clinic, the efficient management of admissions and waiting lists, contribute to the strategic development of services, and be the principle representative in all dealings with external parties and authorities.
3.2.7	The Administrator may be a Licensed Physician, a Licensed Nurse who is the Senior Nurse, or an individual with at least a Bachelor's degree in Healthcare and three (3) years of relevant experience.
3.2.8	The Administrator must ensure that an appropriate number of qualified, experienced and skilled Licensed Healthcare Professionals are in attendance at each procedure, and ensure there are adequate resources and capabilities to supply, equip and resource the Outpatient Surgical Clinic
3.2.9	The Administrator must ensure that an appropriate number of trained nonclinical and support staff are available consistent with the Outpatient Surgical Clinic's service requirements.
3.2.10	The Administrator must ensure the availability of administrative systems, information systems and management capability in the Outpatient Surgical Clinic, these systems may include, but are not be limited to, financial reporting, a scheduling system, billing systems, medical records system, purchasing and materials management, compliance reporting, and quality improvement.
3.2.11	The Administrator will ensure that on-call commitments from various disciplines are planned for and managed accordingly to ensure continuity of care and services.
3.2.12	If an outpatient Surgical Clinic has more than one (1) person designated at the same time as an Administrator, it shall have policies in place that clearly delineate the respective responsibilities of each of the Administrators and how they interact.
3.2.13	Each Outpatient Surgical Clinic shall appoint a Medical Director with complete responsibility for oversight of clinical services to ensure safe and quality healthcare service delivery.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.2.14	The Medical Director shall be a Licensed Medical Specialist in the field of Surgery and/or Anesthesia in conjunction with the provision of such healthcare services.
3.2.15	The Medical Director may be an Administrator.
3.2.16	The Medical Director must ensure that all relevant and required clinical policies, standards and guidelines are adopted and complied with.
3.2.17	The Medical Director must facilitate and participate in the development of the Outpatient surgical clinic's practice and clinical governance, with particular emphasis on clinical risk management, clinical audit, medical records documentation, clinical privileging, medical staff competencies and performance evaluation. The Medical Director shall assure that all surgical procedures are carried out by or under the direction of qualified, skilled and experienced Licensed Surgeons with appropriate clinical privileges for the procedures being performed.
3.2.18	The Medical Director must ensure availability of clear physiologic inclusion and exclusion criteria to accept patients undergoing Day Surgery in the Clinic. Moreover, the Medical Director must ensure clear physiologic criteria to safely discharge a patient from Post Anesthesia Care Unit/Recovery Room to the patient's home/residence.
3.2.19	The Medical Director must ensure that any visiting doctor is assisted by appropriate qualified medical staff that can provide care to the patient when the visiting doctor is not available.
3.2.20	Each Outpatient Surgical Clinic must comprehensively and clearly define in writing the qualifications of its Medical Director, the Medical Director's clinical and management responsibilities, and schedule of time during which the Medical Director is to be physically present at the location(s) of the Outpatient Surgical Clinic.
3.2.21	Each Outpatient Surgical Clinic must appoint a Licensed Nurse as the Senior Nurse to support the Administrator and/or Medical Director in creating clinical protocols and guidelines, leading the nursing practice at the Outpatient Surgical Clinic, managing the nursing staff component, ensuring nursing staff's competencies, and developing the Outpatient Surgical Clinic's nursing practice.
3.2.22	A qualified and Licensed Healthcare Professional will be responsible for managing the Sedation and Anesthesia services in accordance with DHCR Standards for Anesthesia and Sedation, and other applicable regulations, rules and standards.
3.2.23	An Anesthesiologist must be available from the time the surgery or procedure starts until the patient fully recovers from the effect of anesthesia/sedation given to him/her. This is applicable to all Class C-M and Class C Outpatient Surgical Clinics and linked to the type of anesthesia to be administered as stipulated in section 3.1.4.3 and 3.1.4.4.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.2.24	All Licensed Healthcare Professionals must be currently certified in basic life support (BLS).
3.2.25	Each Outpatient Surgical Clinic must ensure that an adequate number of Healthcare Professionals within that Entity have active certification in Advanced Cardiac Life Support (ACLS) and if applicable, Pediatric Advance Life Support (PALS) in accordance with the clinical services offered and the patient load of the respective Outpatient Surgical Clinic.
3.2.26	In addition to the certification, a reasonable level of proficiency by certified BLS, ACLS and PALS Healthcare Professionals must be maintained for readiness and preparedness to provide unified collaborative emergency services.
3.2.27	Each Outpatient Surgical Clinic must have written criteria for determining the clinical privileges to be granted to individual Licensed Physicians and a procedure for applying the criteria to Licensed Physicians requesting clinical privileges. Staff privileges will be outlined based upon the experience and education needed to utilize in the Outpatient Surgical Clinic.
3.2.28	At least every two years, each Outpatient Surgical Clinic must determine, from the continuing monitoring and evaluation of each medical staff member, if medical staff membership and clinical privileges are to continue with or without amendment. Regular documentation of each Licensed Physician's experience and continuing medical education activities must be kept.
3.2.29	Each Outpatient Surgical Clinic must ensure utilization of qualified individuals to oversee the planning and implementation of the facility management program to reduce and control risks in the care environment.
3.2.30	If applicable, the responsibilities of any student/trainee personnel attending the Day Surgery clinic, must be clearly defined and clarified in writing.

3.3 PATIENT MANAGEMENT

3.3.1	Each Outpatient Surgical Clinic shall manage patients care in accordance with these Standards, the Dubai Outpatient Clinic Quality Standards and/or the standards of the nominated accreditation agency and all other applicable laws, regulations and standards.
3.3.2	A patient will be accepted for healthcare services based on whether the Outpatient Surgical Clinic's scope of clinical activities, services and availability of suitably qualified and licensed healthcare professionals can meet the patient's needs.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.3.3	Patients will be screened and selected based on the condition of the patient and the potential risk of transfer or unanticipated hospital admission. This judgement is based on a comprehensive patient assessment of the patient's history, physical examination, and such laboratory and radiological studies as assessed by a Licensed Physician or Medical Specialist.
3.3.4	The scope and content of initial assessments conducted by different clinical disciplines is defined in writing and based on applicable regulations, rules and standards.
3.3.5	<p>The following patient exclusion criteria for Elective Outpatient Surgical Clinic services must be observed:</p> <p>3.3.5.1 Patients who might require blood transfusion services. Patients at risk of blood loss who might need blood transfusions should not be managed at Outpatient Surgical Clinics;</p> <p>3.2.5.2 Patients who may require overnight stay for monitoring and recovery purposes; and</p> <p>3.2.5.3 High risk patients (ASA IV - VI) in accordance with the American Society of Anesthesiologist (ASA) Classifications:</p> <ul style="list-style-type: none"> • ASA IV – A patient with severe systemic disease that is a constant threat to life. • ASA V – A declining patient who is not expected to survive without the operation. • ASA VI – A declared brain-dead patient whose organs are being removed for donor purposes.
3.3.6	Patients who are at undue risk for complications or who are not eligible for Outpatient Surgical Clinic Services must be referred to an appropriate facility for further management and care.
3.3.7	Each Outpatient Surgical Clinic must ensure that applicable patient processes and documents are completed correctly and timeously by all required Licensed Healthcare Professionals prior to the surgical procedure to assure preparedness for surgical procedures and related care.
3.3.8	Each Outpatient Surgical Clinic must have a process for obtaining findings from relevant outside assessments and incorporating them into the Outpatient Surgical Clinic's patient assessment process. Assessment findings must be integrated and documented in the patient's record and readily available to those responsible for the patient's care.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.3.9	Each Outpatient Surgical Clinic must have effective and efficient scheduling processes to minimize cancellation and delays, as well as enabling efficient utilization of operating theatres and reducing waiting times.
3.3.10	Appropriate and effective laboratory, pathology, and radiology services must be provided. If on-site services are not utilized, written contractual agreements must be in place from accredited ancillary services to provide support and services.
3.3.11	All patients must be assessed by an applicable member of the multidisciplinary team trained in pre-operative assessment for Day Surgery.
3.3.12	Each Outpatient Surgical Clinic must at least use two Patient Identifiers to ensure that the right care is provided to the right person.
3.3.13	Pre-operative preparation must include education to patients and carers about Outpatient Surgical Clinic pathways, information regarding planned procedures and postoperative care, identification of medical risk factors and optimization of the patient's condition.
3.3.14	Sedation and Anesthesia services provided must be in accordance with applicable regulations, standards and policies.
3.3.15	The pre-anesthesia/sedation assessment must be completed/reviewed and documented within 48 hours immediately prior to any surgery or procedure requiring anesthesia/sedation services. Anesthesiologists, or a suitable qualified and licensed Healthcare Professional must explain procedures to patients using simple language and offer reassurances to reduce possible anxiety.
3.3.16	Use of medicines must be safely managed. Before a procedure or operation, all medicines must be labeled, i.e. medicines in syringes, cups, etc.
3.3.17	Immediately prior to surgery a pre-operative check is conducted using an established surgical safety checklist which must include measures to ensure the correct patient, side, site and correct procedure are verified.
3.3.18	Each Outpatient Surgical Clinic must assess patients for pain throughout all phases of care, and support them by managing pain effectively.
3.3.19	Each Outpatient Surgical Clinic must monitor the patient during the operative procedure and/or during the administration of moderate or deep sedation or anesthesia. At-risk patient groups e.g. elderly patients and those with increased risk of hemodynamic instability may require more careful intra- operative cardiovascular management.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.3.20	A Licensed Healthcare Professional who is suitably qualified to interpret the monitoring equipment and to intervene must be readily available throughout the perioperative period.
3.3.21	Post-operative monitoring and care must be undertaken in a recovery area with appropriate facilities and qualified staff. The staff responsible for monitoring the patient must be competent in monitoring requirements, response to complications, use of reversal agents, and recovery criteria.
3.3.22	Each patient's post sedation/anesthesia status shall be monitored and documented, and the patient shall only be discharged from the recovery area by a suitably qualified physician, using established criteria.
3.3.23	Operative reports shall be written in the medical record immediately after operation with a description of the findings, technical procedures used, specimens removed, postoperative diagnosis, complications identified, and names of the primary surgeon and assistant.
3.3.24	Each Outpatient Surgical Clinic must safely manage, store and prepare medications including emergency, narcotics and controlled medications, high-alert and hazardous medication.
3.3.25	If Pediatric patients are managed in an Outpatient Surgical Clinic, it must ensure that staff members certified and proficient in Pediatric Advanced Life Support are available and present in the center until all pediatric patients recovering from anesthesia or sedation have met the discharge criteria and are safely discharged. Operations/procedures must be performed by surgeons, anesthesiologist or qualified Licensed Healthcare Professionals that have experience with care of children.
3.3.26	Outpatient Surgery Clinics must make provisions for appropriate and separate facilities for care and management of pediatric patients.
3.3.27	Each Outpatient Surgical Clinic must ensure that all patients are provided with relevant information at every phase of management making sure that the patient and/carer fully understands the information given. It shall also foster a safe environment in which questions are welcomed and feedback is provided.
3.3.28	Each patient must only be discharged from the Outpatient Surgical Clinic by an appropriate Licensed Medical Specialist.
3.3.29	Before an Outpatient Surgical Clinic discharges or transfers a patient, it must ensure that patients are informed and educated about their follow-up care, treatment, and services.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

	Wherever possible, it should be given in the presence of the responsible person who is to escort and care for the patient at home.
3.3.30	A copy of the discharge summary must be given to the patient to have available should they require medical assistance overnight.
3.3.31	Each Day Surgery Clinic must make provisions for staff that will telephonically follow-up on patients a day after the surgery to repeat post- operative advice, provide support, and audit postoperative symptoms and patient satisfaction. If complications or adverse events do occur and readmission is indicated, written processes must be in place to manage unplanned admission of Day Case patients.
3.3.32	Each Outpatient Surgical Clinic must formulate policies and procedures that clearly outline the management of medical emergencies and care. These must minimally include cardiopulmonary and anaphylactic emergencies but may also include provision for blood loss and other unanticipated complications.
3.3.33	Each Outpatient Surgical Clinic must ensure that staff is educated and proficient in activation of the emergency plan to perform with confidence and efficiency in responding to changes in a patient's condition. This must include documented evidence of training and mock emergencies.
3.3.34	There must be a written agreement in effect with a paramedic service staffed by certified Emergency Medical Technicians, for the safe transfer of a patient to a hospital in an emergency situation, or as the need arises.
3.3.35	Each Free Standing Outpatient Surgical Clinic must have a written transfer agreement with a hospital(s) preferably within DHCC for the immediate transfer of patients that need emergency medical care or admission for extended care or observation. The attending Licensed Physician shall be notified and be responsible for arranging the Patient's transfer to the appropriate hospital.
3.3.36	Each Hospital based Day Surgery Clinic must have written transfer procedures with appropriate in patient wards/unit to provide emergency or extended medical care.
3.3.37	Standardized handover communication processes for correct information handling between internal and external parties must be in place to ensure safe, efficient and effective patient care. Critical information must be verified so that both parties (sender and receiver) have the same understanding of the patient or environment condition.

3.4 HEALTH INFORMATION MANAGEMENT



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.4.1	Each Outpatient Surgical Clinic must comply with DHCA regulations, policies and standards for the management of patient health information and medical records.
3.4.2	Each Outpatient Surgical Clinic must ensure the confidentiality of patient health information as per the provisions of the DHCA Health Data Protection Regulation Number (7) of 2013.
3.4.3	Each Outpatient Surgical Clinic must plan and design information management processes to meet internal and external information needs. It must ensure that the data and information needs of those in and outside the Outpatient Surgical Clinic are met timeously in a format that satisfies user expectations and with the desired frequency.
3.4.4	Standardized diagnosis codes, procedure codes, symbols, abbreviations, and definitions must be used.
3.4.5	Management and appropriate staff members must be educated and trained in the principles of information use and management.
3.4.6	Each Outpatient Surgical Clinic must effectively manage the collection of health information. It must also retrieve, disseminate, and transmit health information in useful formats.
3.4.7	Written documents, including policies, procedures, and programs, will be managed in a consistent and uniform manner.
3.4.8	All Licensed Healthcare Professionals involved in the care of patients in Outpatient Surgical Clinic will have access as necessary to patients' health information to plan, provide and document the care delivered.
3.4.9	Each Outpatient Surgical Clinic must ensure that all patient Health Information will be documented on official forms with its Clinic's letterhead.
3.4.10	The Informed Consent Process must be managed efficiently to ensure that all applicable patient documentation prior to a surgical procedure are completed and collated correctly and timeously.
3.4.11	Health information must only be accessed by authorized users who will use information to provide safe, quality care.
3.4.12	Each Outpatient Surgical Clinic must meet all requirements for timely and regular submissions of data and information to DHCR as per applicable DHCA regulations, standards and policies.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.4.13	Each Outpatient Surgical Clinic must report clinical and managerial performance measures to DHCR QID to monitor and improve patient care and outcomes as defined in DHCA Performance Measures Policy.
--------	---

3.5 PATIENTS RIGHTS AND RESPONSIBILITIES

3.5.1	Each Outpatient Surgical Clinic must provide patients and families with information regarding the DHCA Patients' Rights and Responsibilities in accordance with Schedule Two of the DHCA Governing Regulation Number (1) of 2013. This information must also be displayed in English and Arabic throughout all Outpatient Surgical Clinics for patients and visitors to review.
3.5.2	Each Outpatient Surgical Clinic is responsible for providing processes that support patients' and families' rights during care.
3.5.3	Patient Informed Consent must be obtained through a process defined by each Outpatient Surgical Clinic and carried out by trained staff in a manner and language the patient can understand in accordance with the DHCA Informed Consent Policy.

3.6 MINIMUM FACILITY REQUIREMENTS

3.6.1	To obtain and maintain a Clinical Operating Permit, each Outpatient Surgical Clinic must meet and comply with DHCA regulations, standards and policies for minimum facility requirements.
3.6.2	Each Outpatient Surgical Clinic must comply with the minimal facility requirements of the most current FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities, and in accordance to its approved Class.
3.6.3	The design of each Outpatient Surgical Clinic must make provision for accessible, efficient, and safe clinical care in a secure, supportive and functional environment.
3.6.4	If Pediatric services are provided, each Outpatient Surgical Clinic must ensure appropriate provisions for the separate management of pediatric patients and the needs of parents/carers.
3.6.5	All examination rooms, dressing rooms, and reception areas are built and maintained in a manner that ensures patient privacy during interviews, examinations, treatment, and consultations.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.6.6	Each Outpatient Surgical Clinic must ensure that treatment areas are of adequate size to allow for the presence of necessary equipment, patient and staff. It must also allow for the presence of emergency personnel and equipment and the safe care and transfer of the patient in case of a medical emergency.
3.6.7	All operating rooms must maintain a clear area of at least 1.25 meters around all sides of the operating table.
3.6.8	Each operating room that is used for invasive procedures must meet the requirements of a restricted area. The room environment is controlled by special heating, ventilation and air conditioning parameters.
3.6.9	Each Outpatient Surgical Clinic must provide appropriate equipment and a safe environment for the administration of anesthetic gases and vapors, as well as the evacuation of anesthetic gases that cannot be used again.
3.6.10	Each Outpatient Surgical Clinic must have dedicated sinks or basins for hand scrub. These must be located outside the operating room(s) and must not be used for any other purpose. Sinks or basins are allowed exclusively in procedure rooms.
3.6.11	Each Outpatient Surgical Clinic must have a recovery area with adequate facilities to monitor and manage patients safely and effectively. The setup of the recovery room must facilitate efficient patient throughput in accordance to the number of operations/procedures performed and the average recovery period required.
3.6.12	Each Day Surgery Clinic must ensure sufficient waiting area spaces throughout the facility with layouts sensitive to specific cultural needs.
3.6.13	Each Outpatient Surgical Clinic must have suitable and secure storage space for consumables, equipment, pharmaceutical drugs/products and medical records.
3.6.14	Each Outpatient Surgical Clinic preferably must have sterilizing units with physically separated clean and dirty work areas. The sterilization area shall be accessed from outside the operating rooms. Access to the sterilization room must be restricted and storage areas shall include provisions for ventilation, humidity, and temperature control. Sterilization services may be outsourced.
3.6.15	Each Outpatient Surgical Clinic must have sufficient equipment, instruments and supplies appropriate to its approved Class in compliance with applicable DHCR regulations, policies, standards and procedures.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.6.16	Each Outpatient Surgical Clinic must have appropriate call systems with call points located in patient treatment, assessment areas and toilets. Systems must be regularly performance tested and test results retained.
3.6.17	Appropriate radiological and laboratory equipment and support must be available either on site or outsourced.
3.6.18	Radiological equipment must be registered and licensed by the Federal Authority for Nuclear Radiation (FANR).
3.6.19	Appropriate monitoring and resuscitation equipment and drugs must be available. All Class B, C-M and C Outpatient Surgical Clinics must be equipped with full resuscitation equipment and drugs.
3.6.20	Each Outpatient Surgical Clinic must be prepared and have provisions for the possibility to perform tracheal intubation and artificial ventilation including an adequate supply of endotracheal tubes and stylets, bag valve masks and the availability of tracheostomy kits for respiratory failure emergencies.
3.6.21	If surgical procedures are performed that may result in unexpected significant blood loss, the Outpatient Surgical Clinic must maintain a supply of I.V. fluids such as dextran solution, and IV giving sets to manage the emergency until the patient can be safely transferred for further care.
3.6.22	Each Outpatient Surgical Clinic must maintain a written preventive maintenance program for all equipment and related procedures.
3.6.23	Each Outpatient Surgical Clinic must make provisions for food services that are appropriate for the patients' nutritional status and consistent with their clinical care. The food provided to patients must be prepared, stored, served and disposed of in compliance with applicable laws, regulations, standards and policies.
3.6.24	If applicable, each Outpatient Surgical Clinic must have valid contracts for contracted services (e.g. hazardous waste removal, laboratory services, laundry, cleaning, sterilization, food services). It must have a process to assure that contracted services are monitored for quality and patient safety.
3.6.25	Utility systems must be routinely inspected, maintained, and improved.
3.6.26	Each operating room in the Outpatient Surgical Clinic must have an emergency power source sufficient to allow continued operation of the operating room's essential equipment for a minimum of two hours.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

3.6.27	Each Outpatient Surgical Clinic's Emergency Management Plan must be designed to effectively and efficiently organize its communications, resources, clinical and support activities, utilities, safety and security, and staff responsibilities.
--------	--

3.7 QUALITY OVERSIGHT AND ACCREDITATION

3.7.1	Each Outpatient surgical clinic will be subject to the quality oversight policies and standards of the QID of DHCR.
3.7.2	Each Licensed Outpatient Surgical clinic is required to successfully meet the Dubai Outpatient Clinic Quality Standards and to obtain Accreditation by the QID of DHCR within (2) years of commencing operations, and maintain such accreditation throughout the term of its Clinical Operating Permit in accordance with the requirements of the DHCA Healthcare Operators Regulation number (4) of 2013.
3.7.3	Each 'Hospital Based' Surgery Clinic is to be included in the accreditation of the hospital by an approved accreditation organization within (2) years of commencing operations, and shall maintain such accreditation throughout the term of its Clinical Operating Permit in accordance with the requirements of the DHCA Healthcare Operators Regulation number (4) of 2013.
3.7.4	<p>Prior to commencing operations under its Clinical Operating Permit, each Outpatient Surgical Clinic must have in place written policies and procedures required for safe and effective operation in compliance with the accreditation standards of the approved accreditation agency and all applicable regulations, policies and standards. Required policies and procedures are:</p> <ul style="list-style-type: none"> 3.7.4.1 Care of high risk patients 3.7.4.2 Care of patients that are vulnerable elderly or children 3.7.4.3 Care of patients with a communicable disease or are immune-suppressed 3.7.4.4 Governance/Leadership responsibilities and accountabilities 3.7.4.5 Incident reporting 3.7.4.6 Infection prevention and control 3.7.4.7 Informed Consent process 3.7.4.8 Medication management including narcotics 3.7.4.9 Medical Records 3.7.4.10 Patient access to care and continuity of care



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

	<p>3.7.4.11 Patient and Family Rights</p> <p>3.7.4.12 Patient admissions, transfer and discharge</p> <p>3.7.4.13 Patient assessment process</p> <p>3.7.4.14 Resuscitation services</p> <p>3.7.4.15 Scope of Service (i.e. Operational Policy)</p> <p>3.7.4.16 Sedation and Anesthesia administration</p> <p>3.7.4.17 Sentinel events</p>
3.7.5	All policies and procedures must be consistent with the applicable provisions of the DHCR applicable Regulations, Rules, Standards and policies and all other applicable Rules.
3.7.6	The policies and procedures must include provision for regular review as well as making provision for training of all staff of the Outpatient Surgical Clinic, both prior to and subsequent to its becoming an Outpatient Surgical Clinic, on the content of the policies and procedures.
3.7.7	Each Outpatient Surgical Clinic must establish quality assurance/ improvement committees to monitor and review the quality of services provided by the Outpatient Surgical Clinic in accordance with the requirements of the DHCA Healthcare Operators Regulation number (4) of 2013.
3.7.8	Each Outpatient Surgical Clinic must establish and approve a program for Quality and Safety that includes both patient and staff, and includes its Risk Management and Quality Control activities.
3.7.9	A suitably qualified individual must be appointed to direct the implementation of the Outpatient Surgical Clinic's Quality and Safety program and will manage the activities needed to carry out an effective program of continuous quality improvement and safety.
3.7.10	The Quality and Safety program must include the collection and analysis of data to support patient care, Outpatient Surgical Clinic management, the Quality and Safety program and participation in external databases.
3.7.11	All staff members must continuously participate in risk management and quality improvement activities.
3.7.12	Each Outpatient Surgical Clinic must report all sentinel events to Clinical Affairs Department as per the applicable DHCA Sentinel Event policy.
3.7.13	Each Outpatient Surgical Clinic must plan for preventing and controlling infections in accordance with the Dubai Outpatient Clinic Quality Standards and/or other applicable



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

	standards, policies and procedures. Particular emphasis must be on Hand Hygiene and preventing infection after surgery.
3.7.14	Each Outpatient Surgical Clinic must evaluate the effectiveness of its Emergency Management Plan and test it at least annually at each site included in the Plan as an emergency response exercise.
3.7.15	Quality Improvement activities must include but are not limited to assessment of mortalities, assessment of the appropriateness and necessity of procedures performed, emergency transfers, surgical and anesthetic complications, and resultant outcomes (including all postoperative infections); analysis of patient satisfaction surveys and complaints; and identification of adverse trend, such as diagnostic errors and system problems. Findings of the Quality Improvement program shall be integrated into each Outpatient Surgical Clinic's educational program.

4 COMMUNICATION (check all that apply)

<input checked="" type="checkbox"/>	Announcement
<input type="checkbox"/>	Awareness
<input type="checkbox"/>	Training
<input type="checkbox"/>	Other specify

5 DEFINITIONS

5.1	Anesthesia: involves the administration of a medication to produce a blunting or loss of pain perception (analgesia); voluntary and involuntary movements; autonomic function; and memory and/or consciousness, depending on where along the central neuraxial (brain and spinal cord) the medication is delivered. Anesthesia exists along a continuum. For some medications there is no bright line that distinguishes when their pharmacological properties bring about the physiologic transition from the analgesic to the anesthetic effects. Furthermore, each individual patient may respond differently to different types of medications.
5.2	Anesthesiologist: means a Licensed Physician holding a Specialty Medical License in Anesthesia.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

5.3	Clinical privileges: It is an entitlement that the health organization grants to a physician to permit them to perform at the facility. Clinical privileges represent the scope of clinical responsibility that a medical practitioner may exercise in a facility. Clinical privileges are specific to an individual, and are according to their education, training, experience and competence, to manage and treat patients with a level of proficiency which minimizes the risk of causing harm. Clinical privileges also relate to the role delineation resources, equipment and staff available in the healthcare facility.
5.4	Day Surgery: the admission of selected patients for a planned surgery or procedure, and discharged home on the same day with no overnight stay.
5.5	Day Surgery Clinic: a licensed clinic designed for the optimum management of a Day Surgery/procedure patient.
5.6	Deep Sedation/Analgesia: is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. The ability to maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
5.7	DHCA: the Dubai Healthcare City Authority established under Article (4) of the Law, and comprises the Chairperson, the DHCC Board of Directors and the Executive Body.
5.8	DHCC: Dubai Healthcare City.
5.9	DHCR: is the regulatory arm of Dubai Healthcare City Authority. An independent licensing and regulatory authority for all healthcare providers, medical, educational and other business operating within DHCC.
5.10	Dissociative Drugs: alter perceptions of pain and sight and elicit feelings of detachment/dissociation from the environment and self.
5.11	Epidural Anesthesia: is a fine plastic tube (an epidural catheter) that is threaded through a needle and the tube is left in the epidural space in the back. Local anesthetic is injected down the tube to cause numbness, which varies in extent according to the amount of local anesthetic injected.
5.12	Fertility Clinic: is where assisted reproductive techniques are performed, including all clinical and biological procedures that are necessary to effectuate extracorporeal conception.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

5.13	Free Standing Outpatient surgical clinic: is an independent provider of Day Surgery Services which is not located within or adjoining an affiliated hospital.
5.14	General Anesthesia: is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may also be impaired.
5.15	Informed Consent: a process of communication between a person and a physician or other healthcare professional that results in the person's authorization or agreement to undergo a specific medical intervention. It includes the principle that a physician has a duty to inform his or her patients about the nature of a proposed or alternative treatment, procedure, test, or research, including the risks and benefits of each alternative and of not receiving it. An informed patient can then make a choice which procedure, if any, to undergo.
5.16	License: means a license issued by the Licensing Board with regard to healthcare professionals and Complementary and Alternative Medicine professionals or a license or permit issued by the Registry of Companies with regard to companies, including Clinical Operating Permits, Non-Clinical Operating Permits, Research Permits and Education Permits.
5.17	Local Anesthesia: It is the application or injection of a drug or combination of drugs to stop or prevent a painful sensation to a circumscribed area of the body where a painful procedure is to be performed.
5.18	Moderate Sedation/Analgesia (Conscious Sedation): is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation (reflex withdrawal from a painful stimulus is not considered a purposeful response). No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. All moderate sedation techniques should provide a margin of safety that is wide enough to render loss of consciousness unlikely.
5.19	Parenteral Sedation: is a technique of sedation administration in which the drug bypasses the gastrointestinal tract (i.e. intramuscular, intravenous, intranasal, submucosal, subcutaneous, and interosseous).



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

5.20	Procedure Room: is a room for the performance of procedures that do not require an aseptic field but may require use of sterile instruments or supplies. Procedure rooms are considered unrestricted areas. Local anesthesia and minimal and moderate sedation may be administered in a procedure room, but anesthetic agents used in procedure rooms must not require special ventilation or scavenging equipment.
5.21	Recovery Area: means a room/area dedicated to providing medical services to patients recovering from Surgery or Sedation/Anesthesia.
5.22	Regional Anesthesia: involves the injection of local anesthetic in the vicinity of major nerve bundles supplying body areas, such as the thigh, ankle, forearm, hand or shoulder, etc. so the patient cannot feel pain in that area. It is an umbrella term used to describe nerve blocks, epidural blocks (pain relief and having a baby) and spinal blocks.
5.23	Restricted Area: in a surgical suite is a designated space that can only be accessed through a semi-restricted area in order to achieve a high level of asepsis control. Traffic in the restricted area is limited to authorized personnel and patients, and personnel are required to wear surgical attire and cover head and facial hair. Masks are required where open sterile supplies or scrubbed persons may be located.
5.24	Safety: means the condition of being protected against physical, psychological, or other types or consequences of failure, error, or harm, which could be considered non-desirable. This can take the form of being protected from the event or from exposure to something that causes health losses, for example, the use of a drug, or a procedure, or risk in the care environment.
5.25	Sedation: The administration of a sedative agent or drug to induce a state of calm, restfulness, or drowsiness. The sedative agent or drug depresses activity of the central nervous system and reduces anxiety and induces sleep.
5.26	Spinal Anesthesia: is a single injection with a thin needle that puts the local anesthetic close to the nerves, within the fluid that surrounds the spinal cord.
5.27	Topical Anesthesia: means the application of an anesthetic agent directly or by spray to the skin or mucous membranes, intended to produce a transient and reversible loss of sensation to a circumscribed area.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

6 REFERENCE

6.1	Ambulatory Care National Patient Safety Goals 2015. The Joint Commission Accreditation Ambulatory Care.
6.2	American Association for Accreditation of Ambulatory Surgery Facilities: Standards and Checklist for Ambulatory Surgery Centers, 2011.
6.3	Dubai Outpatient Clinic Quality Standards, 3 rd . Edition.
6.4	Day Case and Short Stay Surgery, British Association of Day Surgery, 2011.
6.5	Day Surgery as the new paradigm of surgery Policy-Brief, Danish Regions 2013.
6.6	Day Surgery Center Regulation, Dubai Health Authority, 2012.
6.7	Day Surgery in Australia, Australia Day Surgery Council, 2004.
6.8	Day Surgery/Procedure Unit, Health Authority of Abu Dhabi, 2014.
6.9	DHCA Governing Regulation (1) of 2013.
6.10	DHCA Informed Consent Policy PP/HCO/002.
6.11	DHCA Medical Records Policy PP/HCO/001.
6.12	DCHA Performance Measures Policy PP/HCO/008.
6.13	EQuIP for Day Surgical Hospital Standards and guidelines of the Australian Council on Healthcare Standard (ACHS).
6.14	Guidelines for Design and Construction of Hospitals and Outpatient Facilities. The Facility Guidelines Institute, 2014.
6.15	Guidelines for optimal Ambulatory Surgical Care and Office-based Surgery, Third edition, American College of Surgeon, May 2000.
6.16	Healthcare Operators Regulation (4) of 2013.
6.17	Health Data Protection Regulation (7) of 2013.
6.18	Immediate Post-anaesthetic recovery, The Association of Anaesthetists of Great Britain and Ireland, 2002.
6.19	Joint Commission International Accreditation Standards for Ambulatory Care, 3 rd edition, 2014.
6.20	Joint Commission International Accreditation Standards for Hospitals, 5 th edition, 2014.
6.21	Outpatient Care Facilities - Healthcare Facilities Regulation: Ministry of Health, 2013.
6.22	Pennsylvania Patient Safety Advisory – “Expecting the Unexpected: Ambulatory Surgical Facilities and Unanticipated Care” 2005.



STANDARD – STANDARDS FOR OUTPATIENT SURGICAL CLINICS

6.23	Standards Sampler for Ambulatory Surgery Centers. The Joint Commission Accreditation Ambulatory Care.
6.24	UAE Federal Law No 11 of 2008 concerning Licensing of Fertilization Centers in the State.
6.25	Understanding Quality and Safety Problems in the Ambulatory Environment: Seeking Improvement with Promising Teamwork Tools and Strategies, Webster et.al. 2008.
6.26	What is Anaesthesia? Australian and New Zealand College of Anaesthesia, http://www.anzca.edu.au/patients/anaesthetist , accessed 29 September 2015.