

Support:

- Protocols designed to ensure safety for patients undergoing sedation and general anesthesia, as defined by the American Society of Anesthesiologists¹
- Mandatory reporting of adverse events

Oppose:

- Mandatory accreditation for facilities where procedures are performed that utilize mild to moderate sedation, as defined by the American Society of Anesthesiologists²
- Efforts by special interest groups to mandate accreditation as a means of eliminating competition or for financial gain

There is no evidence to demonstrate that mandating accreditation improves patient safety. In fact, a study which analyzes 16 years of adverse events in outpatient surgical settings finds that, “Thirty-eight percent of offices reporting adverse events were accredited by an independent accrediting agency, 93% of physicians were board certified, and 98% of physicians had hospital privileges. There is no clear pattern that suggests that board certification or accreditation are effective in preventing deaths, complications, or hospital transfers after office-based surgical procedures.”³

Policymakers often seek mandatory accreditation as a mechanism to prevent adverse events; however, accreditation does not correct incompetence or malicious intent. Case in point: in the wake of a 2008 Hepatitis C outbreak in Nevada due to the repeated use of a needle-contaminated vial <https://www.sciencedirect.com/science/article/abs/pii/S1553725008340690?via%3Dihub> on multiple patients, legislators passed mandatory accreditation laws, ignoring the fact that the facility in which the outbreak occurred was fully accredited.⁴

High levels of anesthesia and long durations under anesthesia are more closely tied to adverse events and patient deaths than any other factors. As found in the aforementioned study, “The majority of deaths (67%) and hospital transfers (74%) related to non-medically necessary (cosmetic) procedures were from procedures performed on patients under general anesthesia.”⁵

¹American Society of Anesthesiology House of Delegates. 2014, October. Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. Retrieved from: <http://www.asahq.org/>.

² American Society of Anesthesiology House of Delegates. 2014, October. Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. Retrieved from: <http://www.asahq.org/>.

³ Coldiron; Starling; Thosani. Determining the Safety of Office-Based Surgery: What 10 Years of Florida Data and 6 Years of Alabama Data Reveal. *Dermatol Surg* 2012;38:171–177. <https://psnet.ahrq.gov/issue/effect-facility-characteristics-patient-safety-patient-experience-and-service-availability> and <https://www.sciencedirect.com/science/article/abs/pii/S1553725008340690?via%3Dihub>

⁴Southern Nevada Health District Outbreak Investigative Team. 2009, December. Outbreak of Hepatitis C at Outpatient Surgical Centers: pg 12. Retrieved from: <https://southernnevadahealthdistrict.org/download/outbreaks/final-hepc-investigation-report.pdf>

⁵ Coldiron; Starling; Thosani. Determining the Safety of Office-Based Surgery: What 10 Years of Florida Data and 6 Years of Alabama Data Reveal. *Dermatol Surg* 2012;38:171–177.



Position on Accreditation

Increased regulation could lead to decreased accessibility for low risk, minimally invasive procedures performed in office settings. Patients frequently choose to have these minimally invasive procedures performed in the office rather than ambulatory surgical centers or hospital setting because they are able to avoid high surgical center or hospital overhead costs while avoiding the risk of hospital-acquired infections such as antibiotic resistant staphylococcal infections, thus keeping health care costs down for all of us.

Accreditation is an expensive process, costing an average of \$3,000-\$5,000 for the survey process alone. This includes often the hiring of a consultant to prepare for an accreditation survey as well as additional staff time. These costs can far outweigh the accreditation fee itself by many more thousands of dollars.

ASDSA supports mandatory reporting of adverse events. Scientific data derived from such reporting, once patient confidentiality has been secured, is critical to understanding cause and effect and reducing the likelihood of future events. ASDSA has its own adverse database: <https://caper.net/adverse-events-form>

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