



Out-of-Hospital Premises Inspection Program: Q and A

Posting of Inspection Results:

1. What changes are being made to the public register?

As a result of a by-law amendment on January 31, 2013, the College now has the authority to post the results of out-of-hospital premises inspections as of that date. The College had strongly advocated for this regulatory oversight to improve patient safety, as the safeguards typically in place in hospitals had not necessarily existed in these premises. The government granted the College the authority to inspect these premises in 2010 and more than 250 premises have been inspected since then.

2. What is the by-law that allows the posting of this information?

Section 49 of By-Law No. 1 (the General By-Law) was amended adding the following subsection:

49(3) The register shall also contain the outcome and/or status of inspections of all premises (including conditions and/or reasons for fail results) carried out since April 2010 under Part XI of Ontario Regulation 114/94, including the relevant date. This paragraph applies to the most current outcome and/or status as of January 31, 2013, and every outcome and/or status thereafter.

3. What types of procedures are inspected in out-of-hospital premises?

Out-of-hospital premises (OHPs) do procedures such as cosmetic surgery, endoscopy and interventional pain management that are performed using specified types of anesthesia, such as general anesthesia, sedation, most types of regional anesthesia and, in some cases, local anesthesia.

4. Why is this being done?

Increasing transparency of the Out-of-Hospital Premises Inspection Program by sharing inspection results with the public was one of the key priorities identified in the College's 2012 report *Bridging the Gap: A Patient Safety Imperative*. A by-law change was needed to post this information on our website.

5. When did the posting of premises inspection results start?

The inspection results are available on the College website starting February 1, 2013.

6. What kind of information will be posted?

Information that will be available on the College website includes:

- An alphabetical list of all premises.
- The name and address of each premises.
- The date and current outcome and/or status for each premises.
- The reasons for fail results, and the conditions imposed when premises receive a pass with conditions.

For each premises, associated information is displayed starting from January 31, 2013. There are three possible outcomes and two administrative statuses that could be designated and made available to the public through the College website. In some instances, further details about the outcome/status are provided.

7. What do the different outcomes/statuses mean?

The outcomes are as follows:

- **Pass.** Premises are awarded a pass when they meet all requirements of an OHPIP inspection.
- **Pass with conditions.** When a premises receives a pass with conditions, details regarding the specific conditions are provided. The premises can generally continue to perform OHP procedures. This outcome means that the premises will need to comply with specified requirements. Examples of a pass with conditions that do not present an immediate threat to patient health and safety include: not posting a fire evacuation map; or not having updated policy and procedures manuals.
- **Fail.** When a premises fails an inspection, doctors at the premises must cease practising those OHP procedures – thereby removing any potential risk to the public. Premises can fail inspections for a number of reasons, including: breaches in infection control; failure to meet conditions; or inadequate physician qualifications to perform procedures. The reasons for the fail outcome are provided.

The statuses are as follows:

- **Pending.** The pending status will be assigned in circumstances where inspections are in progress and the premises have not yet been given an outcome by the Premises Inspection Committee.
- **Withdrawal.** The withdrawal status is assigned when the premises have withdrawn from the program or from performing OHP procedures. Premises that have this status are not

permitted to perform OHP procedures but may still be open and performing non-OHP procedures.

8. How often will the information be updated?

The Premises Inspection Committee (PIC) meets at regular intervals to review the assessment reports of premises. Following each PIC meeting, the information will be updated to capture any new/changed outcomes.

9. What happens when there are changes to the status of an out-of-hospital premises?

Once the status of an OHP changes, this information will be added to the premises history on the College's website. The specific conditions imposed will be provided in the *Details* section. Once those conditions are met, it will be noted in a subsequent entry in the *Details* section under a new date.

10. Is a premises that fails an inspection permitted to stay open?

When a premises fails an inspection, the College directs it to stop performing OHP procedures covered under the regulation, until the conditions identified in the assessment have been addressed. This serves to ensure patient safety and remove risk to the public. However, if a premises is also providing other non-OHP services that are not covered under the regulation, it may continue to provide those services. Some premises that choose not to address the concerns raised in the inspection are shown as a voluntary withdrawal from the program.

11. Why did Council pass a by-law that provides only current information rather than retrospective information on outcomes?

Council carefully considered this issue at their December 2012 meeting. The by-law gives the College the ability to provide the public with the most current and relevant information to inform their health-care decisions. The program was developed to raise premises' ongoing level of service to meet the high standards set by the College. Because the program was designed to improve the delivery of care and not past health concerns, Council determined, as a starting point, that the register should be current and not retrospective in nature. If patients have a concern about the care they have received in any OHP, they are encouraged to contact the College's Advisory Services Department.

Inspection Process:

12. What is the inspection timeframe?

All new premises must undergo an inspection before they are permitted to open. Premises that were already operational must be inspected within 24 months. Thereafter, premises will be inspected every five years or sooner if we deem it advisable to do so based on a concern or complaint. In addition, any doctor who wishes to begin practising at a premises between inspections must be approved by the College.

13. How are premises inspections conducted?

One nurse assessment coordinator and at least one physician inspector/assessor conduct each inspection. There is always one physician from the specialty under review. An anesthesiologist inspector is also part of the inspection team in premises where a higher level of anesthesia is being administered (i.e., anything above local anesthesia). The premises undergoes an inspection to ensure it is a safe environment, and the physicians performing procedures in the premises are assessed to determine whether they are qualified to perform the procedures in question.

14. What does the inspection entail?

The following are inspected and/or assessed: **premises requirements**, including the procedure or operating room, and recovery room (i.e., building standards; equipment; general medication standards; and drugs and equipment for resuscitation); **staff qualifications**, including physicians performing the procedures and administering anesthesia, and other health professionals; **patient admission requirements; intraoperative/procedure care and post-procedure standards**, including emergency measures; **infection control standards; quality assurance activity**, including monitoring and reporting adverse events. There is also an observation component of the inspection where procedures performed at the premises are observed by all assessors.

15. What type of follow-up occurs after an inspection?

A premises either passes; passes with conditions; or fails the inspection.

If the premises has met the required standards, it passes the inspection and will be inspected again within five years. If deficiencies are identified that do not pose a risk to patient safety, the premises receives a conditional pass and may be required to fix deficiencies. A “pass” will be assigned when deficiencies have been corrected to the College’s satisfaction. The premises will be inspected again in five years. If the premises fails the inspection, the procedures specified by

the regulation cannot be performed at the premises until deficiencies have been corrected to the College's satisfaction. All premises will be inspected within five years.

16. Whose job is it to ensure that premises have been informed of regulations and that staff have been trained properly?

The Medical Director of the premises is responsible for ensuring that the staff is properly qualified and trained and follow the expected standards of practice. The College inspects whether the staff is properly qualified and that training and/or certification is current as part of the inspection process.

17. If, after an inspection, physicians are restricted from performing procedures at their premises, can they perform these procedures elsewhere?

When a premises has failed an inspection, physicians affiliated with the premises are directed to stop performing specified procedures at the premises until it passes a subsequent inspection. Those physicians are permitted to perform the procedures in another setting if it is a safe environment for patients and they are qualified to do so. For example, if a physician has hospital privileges, he or she could perform the procedures there.

January 31, 2013