SB 100 – Outpatient Surgery Settings

The bill requires MBC to maintain and publish a list of all accredited outpatient settings and provide information regarding the status of their accreditation. This portion of the statutory requirements is assigned to the Licensing Program and the status of implementation was reported directly to the Licensing Committee.

SB 100 also required the Medical Board to investigate complaints related to a violation of Health and Safety Code Section 1248 and, upon discovery that an outpatient setting is not in compliance with a specific provision, bring an action through or in conjunction with a district attorney to enjoin the outpatient setting’s operation. In addition, SB 100 made outpatient settings subject to the adverse event reporting requirements currently required for licensing health facilities. Adverse events are reported to the Department of Public Health and the setting can be subject to penalties by Public Health for failing to report adverse events.

The following identifies the responsibilities assigned in statute to pertinent entities as it relates to oversight and response to patient care concerns:

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<tr>
<th>H &amp; S Section</th>
<th>Accrediting Agency</th>
<th>Medical Board</th>
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<tr>
<td>1248.35</td>
<td>Every outpatient setting shall be inspected no less often than 3 years.</td>
<td>May inspect the setting as often as necessary and shall ensure the accrediting agency conducts the required inspection</td>
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<td>If the results of the inspection conclude that the setting is out of compliance, they must issue a deficiency report and may 1) require correction, 2) issue a reprimand; 3) place the setting on probation; or 4) suspend or revoke the accreditation.</td>
<td>The accrediting agency must report within 24 hours if the setting has been issued a reprimand, been placed on probation or had the accreditation suspended or revoked.</td>
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<td>Shall inspect the setting within 24 hours upon receipt of a complaint from the Board that the setting poses an immediate risk to the public</td>
<td>Shall receive the findings of the inspection within five business days</td>
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<td>Shall investigate any complaint received from the Board within 30 days</td>
<td>Shall receive the findings of the investigation within 30 days</td>
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<td>Reports on the results of any inspection shall be maintained on file and final inspection reports shall be public record open to public inspection.</td>
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<td>1248.7</td>
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<td>Shall investigate all complaints concerning a violation of this chapter and, where appropriate, through or in conjunction with a DA may bring action to enjoin the setting’s operation.</td>
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Complaint Process

Receive consumer complaint or an Adverse Event Report received at MBC – to be directed to the Licensing Program

Licensing Program performs research to determine if setting is accredited

Complaint/Report forwarded to accrediting agency for immediate inspection if public safety is in jeopardy or investigation

Yes

No

Complaint/Report forwarded to Central Complaint Unit to be initiated and referred for formal investigation

Investigation/Inspection completed and results returned to the Licensing Program for review and posting, if appropriate

If deficiencies identified in either the scope of the investigation or physician/provider issues, refer to Central Complaint Unit to be initiated and referred for formal investigation
Enforcement Response to Action taken by an Accrediting Agency

Inspection report from the Accrediting Agency received in the Licensing Program

Staff will review the inspection report to determine if any deficiencies identified or action taken by the Accrediting Agency (e.g., placed on probation, reprimand issued, suspension or revocation)

If deficiencies are unrelated to patient safety categories on the inspection report, maintain on file in Licensing pending the final report from the accrediting agency. Post final inspection report on the Board’s website.

If deficiencies are related to specific patient safety categories on the inspection report (e.g., quality of care provided, anesthesia services, pharmaceutical services, etc.), refer to Central Complaint Unit to be initiated and referred for formal investigation.

If accreditation is revoked, suspended or placed on probation and the deficiencies noted are related to specific patient safety categories on the inspection report (e.g., quality of care provided, anesthesia services, pharmaceutical services, etc.), refer to Central Complaint Unit to be initiated and referred for formal investigation.

If accreditation is revoked or suspended and the deficiencies noted are unrelated to patient safety categories, post the action on the Board’s website. Send written notification to any physicians known to have privileges at the outpatient setting that the setting can no longer be used to perform procedures where the level of anesthesia places the patient at risk for loss of life-preserving protective reflexes.