

LEVEL ONE GUIDELINES IN FOCUS: IN-OFFICE PROCEDURES

Specialty and primary care practices often perform clinical procedures in their offices. These may range from basic to relatively complex procedures. Procedural medicine imposes responsibilities and liabilities associated with the risks of each service provided. It is incumbent upon practices and providers to understand and apply appropriate safeguards for every procedure they perform. COPIC encourages practices to have written protocols in place addressing each of the following eight areas of concern.

1 Space, Equipment, and Supplies

This involves managing the physical environment and logistics where procedures are performed. Concerns include access to emergency items, safety devices, expiration dates, and record keeping

2 Staff Training

This involves overseeing, verifying, and documenting the training and credentials of staff who perform or assist in procedures. Concerns include allegations of inadequate training.

3 Office Anesthesia

This involves overseeing the qualifications and practices of staff who provide anesthesia services. Concerns arise from credentialing, and provision for and management of adverse events.

4 Contingency Planning

This involves provisions, plans, and policies for responding to office emergencies and unexpected events. Concerns arise from failing to anticipate unique patient requirements (e.g., mobility, translation) and/or provision for adverse events.

5 Pre-Procedural Timeout

This involves creating a culture of safety and encouraging best practices for peri-procedural planning. Concerns arise retrospectively when safety steps are overlooked or assumptions are mistaken.

6 Specimen Handling

This involves items that will be submitted for specialized examination (e.g., lab, pathology), either on-site or at outside facilities. Concerns arise from mislabeling (especially with multiple specimens), mishandling in preparation or transport, or inadvertent loss. These issues are often attributable to lack of continuity in the chain of custody. A specimen plan may be appropriate to address in the pre-procedural timeout.

7 Infection Control

This involves compliance with infection control and biohazard standards applicable to procedures performed in the office, including bloodborne pathogen protocols. Concerns arise when review demonstrates systematic deficiencies.

8 Documentation

This involves establishing norms and processes for appropriate documentation for office procedures at every stage, from shared decision making to planning and preparation as well as procedure notes, patient instructions, follow-up planning, specimen handling, equipment and supply tracking, and exception handling. Concerns arise from gaps and inconsistencies, sometimes attributable to incomplete systems.