



Non-hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

Admission and Pre-
procedure Care

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Non-hospital Medical and Surgical Facilities Accreditation Program
College of Physicians and Surgeons of British Columbia
300-669 Howe Street
Vancouver BC V6C 0B4

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Admission and pre-procedure care

No.	Description	Reference	Risk	Change	Asmt.
ADM1.0	ADMISSION AND PRE-PROCEDURE CARE				
ADM1.1	Positive patient identification precedes commencement of the procedure.				
ADM1.1.1	<p>M Patient demographic information is confirmed at check-in.</p> <p>Guidance: Demographic information should include the patient’s legal name (e.g. name on government identification or CareCard), name used (i.e. the name specified by the patient that should be used in the context of health care; this may be different from their legal name) and contact information (i.e. address and phone number) and next of kin name and contact information. Check-in/arrival processes may be performed by an unregulated care provider (e.g. receptionist).</p>	1, 2, 3	M		F
ADM1.1.2	<p>M Patient identification is verified at check-in.</p> <p>Guidance: The practice of having the patient involved in identifying themselves and using two unique patient identifiers helps to ensure that a correct match is made between the patient and the procedure. Pediatric and other patients who cannot provide identification information are identified by a responsible adult. Check-in/arrival processes may be performed by an unregulated care provider (e.g. receptionist).</p>	1, 4, 5, 6, 7	M		F
ADM1.1.3	<p>M Personal and health information is confirmed and verified in a manner that maintains patient privacy and confidentiality.</p> <p>Guidance: Staff demonstrate mindfulness of the surroundings when confirming, verifying and discussing patient information and when providing care.</p>	1, 4	M		F

No.	Description	Reference	Risk	Change	Asmt.
ADM1.1.4	<p>M At least two unique patient identifiers are used when verifying patient identification.</p> <p>Guidance: Unique patient identifiers include legal name, date of birth, CareCard number. Gender (administrative gender and/or gender identity) is not to be used as a unique patient identifier. Check-in/arrival processes may be performed by an unregulated care provider (e.g. receptionist).</p>	1, 3, 4, 5, 6, 7, 8, 9, 10	C		P, F
ADM1.1.5	<p>M Staff confirm that information on the identification band is consistent with verbal information provided by the patient.</p> <p>Guidance: Pediatric and other patients who cannot provide identification information are identified by a responsible adult. Check- in/arrival processes may be performed by an unregulated care provider (e.g. receptionist).</p>	1, 5, 7, 8	C		F
ADM1.1.6	<p>M Patient identity discrepancies are resolved during admission procedures.</p> <p>Guidance: Patient identity discrepancies are resolved by making changes/corrections to the identification band and medical record and before the patient is transferred to the operating room.</p>	5, 10, 11	C		F
ADM1.1.7	<p>M An identification band is placed on each patient.</p> <p>Guidance: The identification band lists at least two unique patient identifiers. Check-in/arrival processes may be performed by an unregulated care provider (e.g. receptionist).</p>	1, 4	M		P, F
ADM1.2	As part of routine practices, a risk assessment is performed upon admission.				

No.	Description	Reference	Risk	Change	Asmt.
ADM1.2.1	<p>M The risk assessment includes screening for antibiotic resistant organisms (AROs).</p> <p>Guidance: As part of routine practices, a risk assessment is performed during admission and is documented in the patient’s medical record. ARO sample screening questions may include:</p> <ul style="list-style-type: none"> • Have you ever been diagnosed (infection or colonization) with an antibiotic-resistant organism (ARO) such as MRSA or VRE? • Has anyone in your household ever been diagnosed (infection or colonization) with an ARO such as MRSA or VRE? • Have you received health care in a facility outside of Canada in the last 12 months? • Have you ever been admitted to, or spent more than 12 continuous hours as a patient in, any health-care facility in the last 12 months? <p>The surgeon and anesthesiologist are notified of any positive responses following the risk assessment screening. Patients with any positive responses to the risk assessment are to remain in an “unrestricted” area of the facility (e.g. waiting room, office, consultation room) until the patient has been assessed by the surgeon or anesthesiologist and determined that it is appropriate to proceed with the procedure as planned. Surgery should be cancelled and/or rescheduled if the patient has signs and symptoms of a potentially infectious illness.</p>	1, 4, 12, 13, 14	M		F

No.	Description	Reference	Risk	Change	Asmt.
ADM1.2.2	<p>M The risk assessment includes screening for illness.</p> <p>Guidance: As part of routine practices, a risk assessment is performed during admission and is documented in the patient’s medical record. Screening questions for illnesses should cover the following: cough, fever, vomiting, diarrhea, chickenpox (pediatrics), conjunctivitis (ophthalmology). Sample screening question: Have you experienced any of the following symptoms in the last 48 hours: fever, rash, cough, nausea, vomiting, diarrhea? The surgeon and anesthesiologist are notified of any positive responses following the risk assessment screening. Patients with any positive responses to the risk assessment are to remain in an “unrestricted” area of the facility (e.g. waiting room, office, consultation room) until the patient has been assessed by the surgeon or anesthesiologist and determined that it is appropriate to proceed with the procedure as planned. Surgery should be cancelled and/or rescheduled if the patient has signs and symptoms of a potentially infectious illness.</p>	1, 12, 15	M		F
ADM1.2.3	<p>M The risk assessment includes screening for skin infections and skin lesions.</p> <p>Guidance: As part of routine practices, a risk assessment is performed during admission and is documented in the patient’s medical record. Screening should cover the following: skin disorders, rashes, infections and lesions. Sample screening question: Do you have a skin infection, any skin lesions or open wounds? The surgeon and anesthesiologist are notified of any positive responses following the risk assessment screening. Patients with any positive responses to the risk assessment are to remain in an “unrestricted” area of the facility (e.g. waiting room, office, consultation room) until the patient has been assessed by the surgeon or anesthesiologist and determined that it is appropriate to proceed with the procedure as planned. Surgery should be cancelled and/or rescheduled if the patient has signs and symptoms of a potentially infectious illness.</p>	1, 12, 15	M		F

No.	Description	Reference	Risk	Change	Asmt.
ADM1.2.4	<p>M Transmission-based precautions are implemented for patients with positive responses to the risk assessment.</p> <p>Guidance: Transmission-based precautions (contact precautions) are implemented for patients known to have or considered high risk of being colonized or infected with antibiotic-resistant organisms (AROs). Transmission-based precautions (droplet and contact precautions) are implemented for patients with colds, influenza and respiratory infections of unknown etiology. Transmission-based precautions (airborne precautions) are implemented for patients known or suspected to have varicella virus (chickenpox virus) or measles virus.</p>	1, 12, 15	H		F
ADM1.3	Admission assessment confirms appropriate patient selection and patient preparation.				
ADM1.3.1	<p>M Admission assessment is conducted by a regulated health professional.</p>	1	C		P, F
ADM1.3.2	<p>M Admission assessment includes verifying the patient’s identification with two identifiers and checking the patient’s identification band.</p> <p>Guidance: Patient identity discrepancies are resolved before the patient is transferred to the operating room.</p>	1, 4	C		F
ADM1.3.3	<p>M Admission assessment includes allergies and sensitivities including reaction(s) description.</p> <p>Guidance: Allergies and sensitivities include medication, food and latex.</p>	1, 4, 15	M		F
ADM1.3.4	<p>M An allergy alert wristband is place on each patient with a sensitivity or allergy.</p> <p>Guidance: Allergies and sensitivities include medication, food and latex. I</p>	1, 15	M		F

No.	Description	Reference	Risk	Change	Asmt.
ADM1.3.5	<p>M The medical record of any patient with a sensitivity or allergy is labelled or flagged.</p> <p>Guidance: A warning sticker or flag should appear on the front of the patient's medical records to alert staff that the medical record contains important information about the patient's sensitivity or allergy status.</p>	1, 15	M		F
ADM1.3.6	<p>M Admission assessment includes verifying the planned procedure including site, side and level as appropriate.</p>	1, 4	C		F
ADM1.3.7	<p>M Admission assessment includes verifying consent.</p> <p>Guidance: The regulated health professional confirms with the patient that the information documented on the consent (i.e. procedure, site and/or side, and name of physician performing the procedure) is accurate and that the patient has sufficient information and understanding of the procedure</p>	1, 10, 15, 16, 17	C		F
ADM1.3.8	<p>M Admission assessment includes verifying fasting (NPO) status, as appropriate.</p>	1, 4, 15	M		F
ADM1.3.9	<p>M Admission assessment includes a baseline physical assessment.</p> <p>Guidance: The baseline assessment should also include a pain assessment.</p>	4, 15	M		F
ADM1.3.10	<p>M Admission assessment includes the measurement of vital signs.</p> <p>Guidance: A full set of vital signs are taken and recorded (e.g. blood pressure, heart rate, respiratory rate, temperature and oxygen saturation).</p>	1, 4, 15	M		F

No.	Description	Reference	Risk	Change	Asmt.
ADM1.3.11	<p>M Admission assessment includes height, weight and body mass index (BMI) if actuals not measured in the last 14 days.</p> <p>Guidance: If actual height and weight measurements were not completed at time of booking and/or actual height and weight measurements were taken more than 14 days prior to the day of surgery, then height and weight measurements are to be measured upon admission and BMI calculated. If the patient's BMI is greater than or equal to 40, the anesthesiologist is notified to determine if the patient is appropriate for the non-hospital setting and the proposed surgery and anesthesia. Height, weight and BMI are not required for procedures in which only topical eye drops, and/or single or divided doses of lorazepam not exceeding a total of 1 mg are administered and where there are no safety concerns with respect to equipment size (e.g. BP cuff), weight and/or height limits.</p>	1, 4, 15, 18, 19, 20	M		F
ADM1.3.12	<p>M Admission assessment includes review of medications including last dose taken.</p> <p>Guidance: Medications include prescription, over-the-counter and herbal.</p>	1, 4, 15	M		F
ADM1.3.13	<p>M Admission assessment includes blood glucose level, as indicated.</p>	1, 4	M		F
ADM1.3.14	<p>M Admission assessment includes review of smoking, alcohol and other substance use.</p>	1, 4, 15	M		F
ADM1.3.15	<p>M Admission assessment includes verifying venous thromboembolism (VTE) screening relative to the planned procedure has been completed.</p> <p>Guidance: VTE screening and the plan for VTE prophylaxis relative to the planned procedure must be verified on the day of the procedure. Thrombosis Canada and other medical literature provide resources to assist physicians and facilities in VTE screening and prophylaxis. Class 3 (local anesthesia only) facilities are not required to screen patients for VTE risk and VTE screening is not required for patients undergoing procedures performed using local anesthesia only in Class 1 or Class 2 facilities.</p>	1, 4, 15, 21, 22, 23, 24	M	Revised	F

No.	Description	Reference	Risk	Change	Asmt.
ADM1.3.16	<p>M Admission assessment includes verifying there is a VTE prophylaxis plan relative to the patient’s VTE screening and planned procedure.</p> <p>Guidance: VTE screening and the plan for VTE prophylaxis relative to the planned procedure are verified on the day of the procedure. If no prophylaxis is recommended, this must be documented. Thrombosis Canada and other medical literature provide resources to assist physicians and facilities in VTE screening and prophylaxis. Class 3 (local anesthesia only) facilities are not required to screen patients for VTE risk and VTE screening is not required for patients undergoing procedures performed using local anesthesia only in Class 1 or Class 2 facilities.</p>	1, 4, 15, 21, 22, 23, 24	M	Revised	F
ADM1.3.17	<p>M Any changes in the patient’s pre-admission status or concerns from the admission assessment are communicated to the physician(s) performing the procedure.</p> <p>Guidance: Depending of the nature of the change or concern, either the surgeon or anesthesiologist or both the surgeon and anesthesiologist are advised.</p>	1	M		F
ADM1.3.18	<p>M Post-operative instructions are reviewed with the patient.</p>	4, 15	L		F
ADM1.4	Surgical site marking unambiguously identifies the intended site of the procedure.				

No.	Description	Reference	Risk	Change	Asmt.
ADM1.4.1	<p>M The surgical site is marked, as indicated, before the patient is transported to the operating room.</p> <p>Guidance: Surgical site marking is performed when there is more than one possible location for the surgery to occur. All cases involving laterality, multiple structures (e.g. fingers, toes or lesions) or levels (e.g. spine) must be clearly marked. Possible exceptions to site marking include: procedures performed on midline organs/structures such as the umbilical, perineal, anal or penile areas; endoscopic or other procedures performed through the mouth, anus or urethral meatus; single organ cases (e.g. laparoscopy, cholecystectomy, urethrotomy); or where it is anatomically or technically impossible (e.g. mucosal surfaces, the perineum, teeth).</p>	1, 10	C		P, F
ADM1.4.2	<p>M The surgical site is marked by the physician performing the procedure.</p> <p>Guidance: Surgical site marking is the responsibility of the surgeon. The surgical site is marked by the physician who will be performing the procedure, and the physician should involve the patient in the marking the surgical site. For single eye ophthalmology procedures, the surgical site should be marked before the administration of any preoperative eye drops. If this is not possible then the nurse must confirm the side by both verbally confirming with the patient and verifying with the consent form.</p>	1, 8, 25	C		F
ADM1.4.3	<p>M A single-use permanent marker is used to mark the surgical site and is discarded after use.</p>	1, 6, 9, 25	M		F
ADM1.4.4	<p>M The surgical site marking is unambiguous (e.g. initials).</p>	8, 25	M		F
ADM1.4.5	<p>M The surgical site marking is placed in an area that will be visible after draping.</p>	1, 6, 15, 25	C		F
ADM1.5	Pre-operative checks promote patient safety and effective communication.				

No.	Description	Reference	Risk	Change	Asmt.
ADM1.5.1	<p>M A preoperative checklist is completed.</p> <p>Guidance: The Operating Room Nurses Association of Canada recommends that the following be included on the preoperative checklist: patient identification band; consent form; surgical site marked; medical history; previous medical record (as appropriate); diagnostic reports (i.e. laboratory testing, ECG); diagnostic imaging/report; allergies and sensitivities; medications including preoperative medications ordered and given; fasting status; elimination status; surgical site preparation; hair removal (if required); type and site/location of existing medical and/or decorative implants (i.e. breast, piercings); vital signs; diabetic status; and VTE screening and prophylaxis.</p>	1	M		P, F
ADM1.5.2	<p>M The admission assessment is reviewed by the circulating nurse prior to the patient being transferred to the operating room.</p>	1, 4	M		F
ADM1.6	<p>Policies and procedures contain all of the information necessary for the safety of patients, staff and visitors.</p> <p>Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</p>				
ADM1.6.1	<p>M There is policy and procedures for verifying patient identity.</p>	5, 11	M		P, F
ADM1.6.2	<p>M There is policy and procedures for patient admission.</p>		L		P, F
ADM1.6.3	<p>M There is policy and procedures for surgical site marking.</p>	1	M		P, F

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Revision history

Date	Revisions
March 19, 2015	NHMSFP <i>Admission and Pre-procedure Care</i> standard approved (version 1.0)
December 30, 2017	Bylaws change program name to NHMSFAP (no content changes) (version 1.1)
November 29, 2018	Substantial changes to content and format (version 2.0)
March 24, 2023	New College logo (no content changes) (version 2.1) (published March 24, 2023)
November 30, 2023	Gender, sex and sexual orientation health information standards and guideline revisions (version 3.0) (effective March 1, 2025) <ul style="list-style-type: none"> • Revised criterion 1.1.1 guidance to include patient’s legal name, name used and sex assigned at birth • New criterion 1.1.3 maintaining patient privacy and confidentiality when verifying information • Revised criterion 1.1.4 “legal” name as unique patient identifier • Section 1.1 renumbering • Reference list updated

Date	Revisions
March 21, 2024	Various revisions (version 4.0) (effective May 1, 2025) <ul style="list-style-type: none"> • Revised guidance to criterion 1.3.4 (content becomes a new criterion) • New criterion 1.3.5 that the medical record of any patient with a sensitivity or allergy be labelled or flagged • Revised guidance to criterion 1.3.11 that height, weight and BMI are not required for procedures in which only topical eye drops are administered and where there are no safety concerns with respect to equipment size (e.g. BP cuff), weight and/or height limits. • Adjusted criterion numbering to section 1.3 accordingly • Reference list updated • Risk added
April 17, 2024	Footer correction (no content changes) (version 4.1)
November 6, 2024	ISQuaEEA Logo (no content changes) (version 4.2)
December 9, 2024	VTE Revisions (version 5.0) (approved September 12, 2024) (effective within 30 days of notification). <ul style="list-style-type: none"> • New criterion 1.3.15 for admission assessment to include verifying VTE screening. • New criterion 1.3.16 for admission assessment to include verifying VTE prophylaxis based upon the patient's VTE risk score. • Section 1.3 numbering adjusted accordingly. • Revised guidance 1.5.1 to include VTE screening (and prophylaxis). • Reference list updated.

Date	Revisions
June 30, 2025	Revision (version 6.0) (approved June 5, 2025) (effective within 30 days of notification) <ul style="list-style-type: none"> • Reference list updated. • Revised guidance 1.4.2 to state that surgical site marking is the responsibility of the surgeon. • Revised guidance 1.3.11 that height, weight and BMI are not required for procedures in which only topical eye drops and/or single or divided doses of lorazepam not exceeding a total of 1 mg are administered and where there are no safety concerns with respect to equipment size (e.g. BP cuff), weight and/or height limits.
October 1, 2025	Revision (version 7.0) (approved September 11, 2025) <ul style="list-style-type: none"> • Revised criterion 1.3.15 re: VTE • Revised criterion 1.3.16 re: VTE
April 1, 2026	Transcribed to new template (no content changes) (version 7.1)