



Non-hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

Overnight Stay

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Introduction

Overnight stay is considered a post-anesthesia “level of care,” just as Phase I and Phase II are considered post-anesthesia levels of care. The care provided in each “level of care” is dependent on where the patient is in their physical recovery from surgery (phase I, phase II, extended observation); **not** the physical location in which they are receiving care.¹ Overnight stay level of care is considered equivalent to the level of care provided on a medical/surgical in-patient unit. The decision to recommend an overnight stay for any patient in the non-hospital setting requires comprehensive evaluation of the patient, staff and facility.

Only Class 1 general anesthesia non-hospital facilities specifically accredited for overnight stay may provide overnight stay services. The patient length of stay at the facility may be no more than 24 hours following a procedure. Any patient stay that is more than 24 hours following a procedure must be reported by the medical director to CPSBC using the NHMSFAP Patient Safety Incident Report.

Overnight stay

No.	Description	Reference	Risk	Change	Asmt.
ONS1.0	OVERNIGHT STAY				
ONS1.1	Facility processes ensure the safety of patients.				
ONS1.1.1	<p>M There is a documented call rota for anesthesia service and the surgical specialty of any overnight admission.</p> <p>Guidance: If call is transferred it must be transferred to another anesthesiologist, or to another specialist of the same discipline, both of whom must have privileges at the facility. The on-call anesthesiologist and the on-call surgeon must be immediately available by telephone and shall be available on-site within 45 minutes. If the patient’s clinical circumstances require more urgent medical assessment, the facility should call 911 to arrange transfer to hospital.</p>	2	M	Revised	P, F
ONS1.1.2	<p>M There is a documented call rota for the surgical specialty of any overnight admission.</p> <p>Guidance: If call is transferred it must be transferred to another specialist of the same discipline who must have privileges at the facility. The on-call surgeon must be immediately available by telephone and shall be available on-site within 45 minutes. If the patient’s clinical circumstances require more urgent medical assessment, the facility should call 911 to arrange transfer to the hospital.</p>	2	M	Revised	P, F

No.	Description	Reference	Risk	Change	Asmt.
ONS1.1.3	<p>M City/municipal fire authority approval has been received for the overnight stay area.</p> <p>Guidance: The facility needs to have documentation, such as a letter, on file from the city/municipal fire authority. If the post-anesthesia recovery area is also the overnight stay area, documentation from the city/municipal fire authority needs to be on file. Subsequent fire safety/occupancy review/approval of the overnight stay area is the responsibility of the city/municipal fire authority.</p>		L	Rev-Guidance	P, F
ONS1.2	The overnight stay area is appropriately equipped.				
ONS1.2.1	<p>M Each overnight stay bay/room is equipped with a hospital bed.</p> <p>Guidance: Stretchers are not designed for the patient to stay on them for an extended period of time as they are narrower, their mattresses are thinner, and they are not designed for comfort. In existing facilities where the post-anesthesia recovery area is also the overnight stay area, the bay/room may be equipped with a stretcher. Stretchers and beds are not required to be capable of Trendelenburg.</p>	1	L	NEW	P, F
ONS1.2.2	<p>M Each overnight stay bay/room is equipped with vital sign monitoring equipment.</p> <p>Guidance: Vital sign monitoring equipment includes fixed or portable equipment for blood pressure, oxygen saturation and temperature monitoring.</p>	1	M		P, F
ONS1.2.3	<p>M Each overnight stay bay/room is equipped with suction equipment.</p> <p>Guidance: Suction equipment includes suction canisters and liners, tubing, suction tips and catheters.</p>	1, 3	H		P, F

No.	Description	Reference	Risk	Change	Asmt.
ONS1.2.4	<p>M Each overnight stay bay/room is equipped with oxygen equipment.</p> <p>Guidance: Oxygen equipment includes oxygen supply and regulator, nasal cannulas, masks and oral airways.</p>	1, 3	H		P, F
ONS1.2.5	<p>M Each overnight stay bay/room is equipped with a call bell system.</p>	3	M	Rev. Guidance	P, F
ONS1.3	<p>Overnight stay area staffing supports safe patient care.</p> <p>Guidance: The medical director shall ensure that nursing personnel possess competence appropriate to the patient population.</p>				
ONS1.3.1	<p>M Two nurses are present in the overnight stay area at all times when a patient is receiving care.</p> <p>Guidance: The minimum compliment of nursing staff for one to five patients must be one registered nurse (RN) plus one RN or one licensed practical nurse (LPN). A registered nurse is designated "in-charge" of the overnight stay unit. The decision of assigning the second nurse as a registered nurse (RN) or a licensed practical nurse (LPN) should depend on patient acuity and the facility's administrator and charge-nurse's determination of staffing needs to provide safe patient care. Staffing levels are based upon, but not limited to, patient needs and safety requirements. At a minimum, two nurses must be present in the overnight stay area at all times. Extra staff may be needed to ensure these minimum staffing levels are maintained at all times (e.g. a care aid, unregulated staff member to accompany daycare patients to safely meet their ride home).</p>	1, 4	H	Rev. Guidance	P, F
ONS1.3.2	<p>M Nurses present in the overnight stay area are appropriately qualified for the level of care being provided.</p> <p>Guidance: Registered nurse qualifications include critical care or post-anesthesia recovery certification and/or equivalent experience or current acute surgical ward experience. Licensed practical nurse qualifications include current acute surgical ward experience.</p>	1	H		P, F

No.	Description	Reference	Risk	Change	Asmt.
ONS1.3.3	<p>M Nurse-to-adult patient ratios meet the minimum requirements</p> <p>Guidance: A total of two nurses (one registered nurse (RN) plus one RN or licensed practical nurse (LPN) are present when one to five patients are receiving overnight stay level of care. A total of three nurses, two RNs plus one RN or LPN, are present when six to ten patients are receiving overnight level of care. Staffing ratios are based on, but not limited to: patient needs and safety requirements; number of patients; patient acuity and intensity of care; medication administration (antibiotics, sedation, anxiolytics); need for monitoring.</p>	1, 4	H	Rev. Guidance	P, F
ONS1.3.4	<p>M At least one registered nurse on shift in the overnight stay unit has current training in advanced cardiac life support (ACLS)</p> <p>Guidance: All other members of the nursing staff have current training in basic life support.</p>		M		P, F
ONS1.4	Patient assessment, monitoring and healthcare team communication support the delivery of safe overnight stay level of care.				
ONS1.4.1	<p>M Readiness for transfer to overnight stay level of care is based upon an objective discharge scoring system.</p>	1, 5	M		P, F
ONS1.4.2	<p>M An order for transfer to overnight stay level of care is written by the most responsible physician.</p>	1, 5, 6	L		F

No.	Description	Reference	Risk	Change	Asmt.
ONS1.4.3	<p>M Patients in the unit are appropriate for overnight stay level of care.</p> <p>Guidance: All overnight stay patients are 14 years or older. Patients that may be cared for in overnight stay include, but are not limited to: patients who have had procedures requiring extended observations/interventions (e.g. pain management, post-operative nausea or vomiting). Patients NOT appropriate for overnight stay level of care include, but are not limited to: patients that have not met phase II discharge score requirements; patients for whom a longer length of stay is being considered (e.g. not discharging home as originally planned) because of a medical complication or concern about the patient’s condition; patients that have deteriorated following transfer to overnight stay to the extent of requiring a higher level of care (e.g. modified early warning score (MEWS) deterioration); need for testing or investigations (e.g. bloodwork, X-rays) beyond routine post-operative care and follow-up; develop a medication complication (e.g. allergic reaction) requiring treatment that is not routinely provided by the medical staff or a longer length of stay; patient for whom the level of nursing or medical care required is not available in the facility.</p>	1, 5, 7	H		F
ONS1.4.4	<p>M Post-operative care plans are in place for patients kept in the overnight stay area.</p> <p>Guidance: Clinical pathways or care plans may be located in a facility reference manual, e.g. policies, procedures and clinical pathways or care plan manual, or may be documented in the medical record. in the medical record. See the NHMSFAP’s Person-Centred Care accreditation standard.</p>	1, 5, 8	L	Revised	P, F
ONS1.5	Policies and procedures contain all the information necessary for the safety of patients, staff and visitors.				

No.	Description	Reference	Risk	Change	Asmt.
ONS1.5.1	<p>M There are policies and procedures for emergency situations.</p> <p>Guidance: Emergency situations include fire, cardiac arrest, malignant hyperthermia, respiratory emergencies, anaphylaxis, neurological emergencies, and medication toxicity. The written policy shall define the chain of command and the expected level of ACLS intervention as determined by the facility's medical director as well as building access by emergency services after hours.</p>	9	M	Revised	P, F
ONS1.5.2	<p>M There are policies and procedures for non-medical emergency situations which make clear any differences in after-hours emergency procedures.</p> <p>Guidance: Non-medical emergency situations include but are not limited to fire, flood, gas leak, hazardous spill, power loss, equipment failure, earthquake, managing violent and aggressive behaviour and facility security.</p>	9	M	Revised	P, F
ONS1.5.3	<p>M There is policy and procedures for patient transfer to hospital.</p> <p>Guidance: Patients not appropriate for overnight stay level of care include, but are not limited to: patients that have not met phase II discharge score requirements; patients for whom a longer length of stay is being considered (e.g. not discharging home as originally planned) because of a medical complication or concern about the patient's condition; patients that have deteriorated following transfer to overnight stay to the extent of requiring a higher level of care (e.g. modified early warning score (MEWS) deterioration; need for testing or investigations (e.g. bloodwork, X-rays) beyond routine post-operative care and follow-up; develop a medication complication (e.g. allergic reaction) requiring treatment that is not routinely provided by the medical staff or a longer length of stay; patient for whom the level of nursing or medical care required is not available in the facility.</p>	9	M		P, F

No.	Description	Reference	Risk	Change	Asmt.
ONS1.5.4	<p>M There is policy and procedures for the safety of patients and staff.</p> <p>Guidance: Policy and procedures include “working alone” or in “isolation.” There should be good visibility both into and out of the premise, limited access to the inside of the premises after-hours and telephone numbers to reach the ONS nurses station after-hours. In addition, medical directors should review the Workers Compensation Act of British Columbia and the associated Occupational Health and Safety Regulations to ensure the non-hospital facility is meeting all regulatory requirements in British Columbia.</p>	9, 10, 11, 12	M	Rev. Guidance	F

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Revision history

Date	Revisions
Feb 1997	<ul style="list-style-type: none"> Original publication (Overnight Stay Guideline)
Feb 2015	<ul style="list-style-type: none"> Template update–no content changes.
December 7, 2017	<ul style="list-style-type: none"> Changed from a guideline to a standard approved (version 1.0) (published December 30, 2017) Length of stay over 24 hours becomes a reportable patient safety incident Availability of on-call physician Transfer to hospital criteria
August 15, 2022	<ul style="list-style-type: none"> Formatting (no content changes) (version 1.2)
March 24, 2023	<ul style="list-style-type: none"> College rebranding (no content changes) (version 1.3) (published March 24, 2023)
November 22, 2024	<ul style="list-style-type: none"> ISQuaEEA Logo (no content changes) (version 1.4)

Date	Revisions
March 21, 2025	Revision (version 2.0) (approved February 26, 2025) (published March 21, 2025) <ul style="list-style-type: none"> • Revised criterion 1.1.1 to only anesthesia call rota • Revised criterion 1.1.2 to only surgeon call rota • Revised guidance 1.1.3 about subsequent fire safety/occupancy review/approval • New criterion 1.2.1 requires each bay/room be equipped with a hospital bed • Revised guidance 1.2.5 to clarify call-bell system requirement when PACU is also the ONS unit • Revised guidance 1.3.1 to reflect Ministry of Health nurse to patient ratios • Revised guidance 1.3.3 to reflect Ministry of Health nurse to patient ratios • Revised criterion 1.4.4 editorial change and guidance revised to reference clinical pathways and NHMSFAP's Person-centred Care accreditation standard • Revised criterion 1.5.1 to only medical emergency situations and clarifies that these policies and procedures must make clear any differences in after-hours emergency procedures • Revised criterion 1.5.2 to only non-medical emergency situations and clarifies that these policies and procedures must make clear any differences in after-hours emergency procedures • Adjusted criterion numbering accordingly • Reference list updated • Risk added
April 1, 2026	Transcribed to new template (no content changes) (version 2.1)