



Non-hospital Medical and Surgical  
Facilities Accreditation Program

**ACCREDITATION STANDARDS**

Pre-admission Evaluation  
and Selection

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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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## Introduction

Patient evaluation is to take place before the day of surgery to allow for pre-operative work-up including necessary testing and consultation(s).

## Pre-admission evaluation and selection

No.	Description	Reference	Risk	Change	Asmt.
<b>PAE1.0</b>	<b>PRE-ADMISSION EVALUATION AND SELECTION</b>				
<b>PAE1.1</b>	<b>Pre-admission screening ensures all patients booked for surgery are appropriate for admission to a non-hospital facility.</b>				
PAE1.1.1	<p><b>M</b> Pre-admission screening is conducted by regulated health professionals.</p> <p>Guidance: The patient’s medical record is reviewed by a physician or nurse to ensure the patient is appropriate for the non- hospital setting. There may be indications that the patient should be reviewed by an anesthesiologist prior to the day of surgery (i.e. significant comorbidities, obesity, and obstructive sleep apnea).</p>	1,2	M		P, F
PAE1.1.2	<p><b>M</b> Pre-admission assessment includes a current physical exam.</p> <p>Guidance: The physical exam must include a systems review and full functional inquiry. It may be completed by a family physician, the surgeon or a nurse practitioner and as appropriate, by an oral surgeon, podiatrist or osteopath. Patients with a body mass index (BMI) greater than or equal to 40 must have had the physical exam completed within 60 days of the surgery. For all other patients, the physical exam has been completed within 90 days of the surgery.</p>	2,3,4,5,6	M		F
PAE1.1.3	<p><b>M</b> Pre-admission assessment includes a current medical history.</p> <p>Guidance: The medical history must include indication(s) for surgery, comorbidities, previous surgery, medications, allergies and sensitivities. The patient’s referring physician may provide many of these elements. Patients with a body mass index (BMI) greater than or equal to 40 must have had their medical history completed within 60 days of the surgery. For all other patients, the medical history has been completed within 90 days of the surgery.</p>	2,3,5,6,7,8,9	M		F

No.	Description	Reference	Risk	Change	Asmt.
PAE1.1.4	<p><b>M</b> Pre-admission assessment includes review of previous anesthetic history.</p> <p>Guidance: The anesthetic history includes the patient's family history of any adverse reactions associated with anesthesia.</p>	1,2,3,7,9,10	M		F
PAE1.1.5	<p><b>M</b> Pre-admission assessment includes obstructive sleep apnea (OSA) screening using a validated tool (e.g. STOP-Bang), as appropriate.</p> <p>Guidance: The following should be taken into account in determining whether the patient is suitable for the non-hospital setting: OSA severity, coexisting diseases, invasiveness of procedure, type of anesthesia, anticipated post-operative opioid requirements, adequacy of post-discharge observation. All Class 1 and Class 2 facilities are required to screen patients for obstructive sleep apnea (OSA). Class 3 (local anesthesia only) facilities should also screen patients that receive pre-procedural oral sedation for obstructive sleep apnea (OSA).</p>	2, 3, 8, 9, 10, 11, 12, 13, 14, 15	M		F
PAE1.1.6	<p><b>M</b> Pre-admission assessment includes venous thromboembolism (VTE) screening relative to the planned procedure.</p> <p>Guidance: Thrombosis Canada and other medical literature provide resources to assist physicians and facilities in VTE screening and prophylaxis. The VTE screening is performed by a regulated health professional, preferably the physician as part of the consent discussion, and prior to the day of the procedure. Class 3 (local anesthesia only) facilities are not required to screen patients for VTE. VTE screening is not required for patients undergoing procedures performed using local anesthesia only in Class 1 or Class 2 facilities.</p>	2,7,9,16	M	Revised	F

No.	Description	Reference	Risk	Change	Asmt.
PAE1.1.7	<p><b>M</b> Pre-admission assessment includes a venous thromboembolism (VTE) prophylaxis plan based on the patient’s VTE screening and planned procedure.</p> <p>Guidance: Thrombosis Canada and other medical literature provide resources to assist physicians and facilities in VTE screening and prophylaxis. If no prophylaxis is recommended this must be documented. If the planned prophylaxis is different from the prophylaxis recommended by a validated VTE screening tool (e.g. Caprini score), this must be documented with clinical reason(s).</p>	7, 9, 16, 17, 18, 19, 20	M	Revised	F
PAE1.1.8	<p><b>M</b> Pre-admission assessment includes a patient self-reported questionnaire.</p> <p>Guidance: The self-reported questionnaire is an opportunity for the patient to provide information about their medical history, comorbidities, previous surgery, medications, allergies and sensitivities. Scientific literature suggests patient self-reported health information is a valid resource that assists in identifying pre-existing medical conditions that may require further clinical work-up therefore improving the provision of health care and supporting appropriate patient selection.</p>	2,21	M		F
PAE1.1.9	<p><b>M</b> Pre-admission assessment includes infectious diseases and antibiotic resistant organism (ARO) screening.</p> <p>Guidance: Screening questions may include:                      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>	2,7, 9, 22	M		F

No.	Description	Reference	Risk	Change	Asmt.
PAE1.1.10	<p><b>M</b> Pre-admission assessment includes consultations, as appropriate.</p> <p>Guidance: These include but are not limited to anesthesia, cardiology and internal medicine. In Class 1 (general anesthesia) and Class 2 (IV procedural sedation) facilities, an in-person preoperative anesthetic consultation must be completed before the day of surgery for ASA 3 patients, patients with a BMI greater than or equal to 40 and any patient scheduled for laparoscopic adjustable gastric banding surgery (BMI &gt;30 and &lt;50). An in-person preoperative anesthetic consultation should be completed prior to the day of surgery for patients with a low BMI (less than 18.5), patients with significant comorbidities and as clinically indicated, to ensure the appropriate work-up and consultation(s) are completed. For patients that reside outside of the geographic location of the non-hospital facility where the surgery/procedure will be performed, the in-person anesthetic consultation may be performed by an anesthesiologist where the patient resides (i.e. hospital or non-hospital facility local to the patient). Telemedicine does not satisfy the requirement for an in-person anesthetic consultation due to the physical examination limitations.</p>	1,2,4,9	M		F
PAE1.1.11	<p><b>M</b> Pre-admission assessment includes ASA classification.</p> <p>Guidance: The ASA physical classification system is used by physicians (anesthesiologists, surgeons) to predict anesthetic and surgical risk prior to a procedure. The ASA physical classification system guideline provides information on the ASA classifications that may be considered for surgery in the non-hospital setting.</p>	1,2,4,9	M		F
PAE1.1.12	<p><b>M</b> Pre-admission assessment includes height, weight and body mass index (BMI).</p> <p>Guidance: Patients are screened using body mass index (BMI). The obesity guideline provides information on the consideration of surgery and anesthesia for patients with elevated BMI.</p>	2,7,8,9	M		F

No.	Description	Reference	Risk	Change	Asmt.
PAE1.1.13	<p><b>M</b> Pre-admission assessment includes preoperative testing based upon the patient’s clinical condition(s).</p> <p>Guidance: These include but are not limited to laboratory testing, ECG. The Canadian Anesthesiologists’ Society Guidelines refer to Choosing Wisely for recommendations related to preoperative testing.</p>	1, 2, 4, 7, 9, 21	M		F
PAE1.1.14	<p><b>M</b> Pre-admission assessment includes results of radiologic examination, as appropriate.</p>	2,9	M		F
PAE1.1.15	<p><b>M</b> Pre-admission documentation includes a summative view of sex parameters for clinical use (SPCU) as appropriate.</p> <p>Guidance: In instances where sex assigned at birth may not correctly represent the patient’s sex for health-care purposes and/or where specific additional context is needed to provide safe and affirming care, the pre-admission documentation includes a summative view of SPCU. The SPCU communicates the patient’s “status” by organizing and referring clinicians to artefacts and clinical parameters such as sex-related anatomy (presence or absence of organs), a sex-related medication or hormonal inventory (historically and currently), a surgical inventory, or other useful artefacts necessary to support interpretation of results and clinical decision making. If a summative view does not exist, the summative view will need to be collected and organized such as by talking with the patient about their gender affirming health-care and interventions and by reviewing various progress notes and consult reports.</p>	2,21,23	H		F
<b>PAE1.2</b>	<p><b>As part of routine practices, a risk assessment is performed prior to admission.</b></p> <p>Guidance: Patients are to be contacted and a risk assessment performed over the phone within seven days of their scheduled procedure to screen for AROs, illness and skin infection or lesions.</p>				

No.	Description	Reference	Risk	Change	Asmt.
PAE1.2.1	<p><b>M</b> The risk assessment includes screening for antibiotic resistant organisms (AROs).</p> <p>Guidance: As part of routine practices, a risk assessment is performed prior to admission (i.e. over the phone the day prior to their scheduled procedure) and is documented in the patient’s medical record. ARO sample screening questions may include:</p> <ul style="list-style-type: none"> <li>• Have you ever been diagnosed (infection or colonization) with an antibiotic-resistant organism (ARO) such as MRSA or VRE?</li> <li>• Has anyone in your household ever been diagnosed (infection or colonization) with an ARO such as MRSA or VRE?</li> <li>• Have you received health care in a facility outside of Canada in the last 12 months?</li> <li>• 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?</li> </ul> <p>The medical director, surgeon and anesthesiologist are to be notified of any positive responses following the risk assessment screening to determine whether it is appropriate to proceed with the surgery as scheduled. Surgery should be cancelled and/or rescheduled if the patient has signs and symptoms of a potentially infectious illness</p>	2,9,22	L		F

No.	Description	Reference	Risk	Change	Asmt.
PAE1.2.2	<p><b>M</b> The risk assessment includes screening for illness.</p> <p>Guidance: As part of routine practices, a risk assessment is performed prior to admission (i.e. over the phone the day prior to their scheduled procedure) 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 medical director, surgeon and anesthesiologist are to be notified of any positive responses following the risk assessment screening to determine whether it is appropriate to proceed with the surgery as scheduled. Surgery should be cancelled and/or rescheduled if the patient has signs and symptoms of a potentially infectious illness.</p>	9,22	L		F
<b>PAE1.3</b>	<p><b>Policies and procedures contain all of the information necessary for the safety of patients, staff and visitors.</b></p> <p>Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</p>				
PAE1.3.1	<p><b>M</b> There is policy and procedures for pre-admission evaluation and appropriate patient selection.</p>		M		P, F

No.	Description	Reference	Risk	Change	Asmt.
PAE1.3.2	<p><b>M</b> There is policy and procedures for patient teaching.</p> <p>Guidance: The preoperative teaching process should begin in the surgeon’s office and may continue if a preoperative consultation is needed (i.e. anesthesiology consultation). Patient teaching should include but is not limited to: fasting requirements; preoperative bathing and skin preparation; smoking and alcohol cessation information; taking and holding of medications; items to bring (e.g. CPAP); management of post-operative pain; and review of post-operative instructions including any items required (e.g. crutches). Preoperative teaching is reinforced during admission of the patient for the surgical procedure and post-operative instructions are reviewed with the patient and their family prior to discharge.</p>		M		P, F
PAE1.3.3	<p><b>M</b> There is policy and procedures for obstructive sleep apnea (OSA) screening and postoperative management.</p> <p>Guidance: OSA is associated with an increased risk of post-operative complications after general anesthesia, neuraxial anesthesia and sedation. OSA screening is an important factor in decreasing the incidence of postoperative complications.</p>		M		P, F
PAE1.3.4	<p><b>M</b> There is policy and procedures for venous thromboembolism (VTE) screening and prophylaxis.</p> <p>Guidance: Thrombosis Canada and other medical literature provide resources to assist physicians and facilities in VTE screening and prophylaxis.</p>		M	Rev. Guidance	P, F

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## Revision history

Date	Revisions
March 19 2015	NHMSFAP <i>Pre-admission Evaluation and Selection</i> standard approved (version 1.0) (published April 2015)
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) (published March 29, 2019)
March 24, 2023	New College logo (no content changes) (version 2.1) (published March 24, 2023)
November 30, 2023	<p>Gender, sex and sexual orientation health information standards and guideline revisions (version 3.0) (effective March 1, 2025)</p> <ul style="list-style-type: none"> <li>• New criterion 1.1.14 pre-admission documentation includes a summative view of sex parameters for clinical use (SPCU) as appropriate</li> <li>• Reference list updated</li> <li>• Risk added</li> </ul>
November 27, 2024	ISQuaEEA Logo (no content changes) (version 3.1)
December 6, 2024	<p>Revision (version 4.0) (approved September 12, 2024) (effective within 30 days of notification).</p> <ul style="list-style-type: none"> <li>• New criterion 1.1.7 requires that pre-admission assessment includes specifying the recommended venous thromboembolism (VTE) prophylaxis based on the patient's VTE score.</li> <li>• Section 1.1 numbering adjusted accordingly.</li> </ul> <p>Various revisions (version 4.0) (approved November 14, 2024)</p> <ul style="list-style-type: none"> <li>• Revised guidance 1.1.2 about updating physical exam if past prescribed number of days</li> <li>• Revised guidance 1.1.3 about updating medical history if past prescribed number of days.</li> </ul>

Date	Revisions
	<ul style="list-style-type: none"> <li>• Revised guidance 1.1.6 about VTE screening for procedures performed under local anesthesia only.</li> <li>• Reference list updated.</li> </ul>
October 1, 2025	Revision (version 5.0) (approved September 11, 2025) <ul style="list-style-type: none"> <li>• Revised criterion 1.1.6 re: VTE</li> <li>• Revised criterion 1.1.7 re: VTE</li> <li>• Revised guidance 1.3.4 re: VTE</li> </ul>
April 1, 2026	Transcribed to new template (no content changes) (version 5.1)