

Regulatory			
Task	Status	Date Complete	Limitations or further comments
Has Governor Hogan directed Maryland or specific jurisdiction to enter Phase One of Reopening Businesses?			
If the facility enrolled as a hospital, and the public health emergency (PHE) has not been lifted at the federal level, did you notify your MAC in writing of your plan to revert back to an ASC prior to the end of the PHE period (Note: If the PHE is over, facilities will automatically revert back to ASCs).			
If the ASC contracted with local healthcare system(s) to provide hospital services and you plan to stop before the PHE is over, did you notify the hospital and terminate any agreement?			
Has the ASC notified CMS/OHCQ/Accrediting Body of the reopening date?			
Has the ASC's Governing Board/Medical Director approved the reopening of elective procedures and/or new procedures?			
Have you confirmed the ASC's liability and malpractice insurance is up to date and covers reopening of elective surgeries or new procedures?			
Has the ASC reviewed all credentialing files to make sure they are current?			
Has a detailed report of expenses incurred due to the COVID-19 crisis been maintained by the ASC? (Required for loans and grants)			
Administration			
Task	Status	Date Complete	Limitations or further comments
Has the ASC verified the local/transfer hospital is able to accept emergency transfers?			
Has accurate and complete information regarding a reopening date and any changes in the normal operations of the center been provided on the ASC's website?			
Has the list of canceled procedures to determine re-scheduling priority been evaluated? (Some non-essential procedures may now be essential due to time or change in the patient's health status.)			
Has the ASC considered creating a letter to patients to reassure them that the ASC has conducted extensive cleaning, training, etc., to serve them in a safe sanitary environment?			
Have all computers and telephone systems been checked to ensure they are working properly?			

If the communication/answering service message of the ASC was changed due to closure, has the message been updated to reflect the current operational status?			
Has any hardware/software provided to staff to work remotely been inventoried and collected?			
Have postponed or canceled contracts such as linen service, biohazard, waste management, outside cleaning company, shredding services, etc., been reestablished?			
Have any of the ASC's billing or insurance contracts lapsed or are they in need of renewal?			
Has the ASC developed a multilevel plan for the need to cancel procedures due to increase COVID-19 in the community or resurgence of COVID-19 with increase in spread?			

Staffing

Task	Status	Date Complete	Limitations or further comments
Based on the priority list, does the ASC have the necessary staff required for these procedures?			
Has the ASC called per diem staff that may be needed?			
Are the employee licenses and certifications up to date?			
Do any ASC staff have childcare/family care concerns?			
Has the ASC discussed a position on staff resistant to work due to COVID-19?			
Has the ASC communicated goals with staff, listened to their concerns and established a safe environment where staff can verbalize fears, questions and concerns in the future?			
Has the ASC considered staggering lunch times for staff in order to maintain social distancing?			
Will staff need to go through initial orientation again within 30 days? Staff that has been "laid off" will need to go through initial orientation, however, furloughed or per diem staff should be exempt from this requirement.			
Does the ASC have the appropriate anesthesia coverage for these cases?			

Policies and Procedures

Task	Status	Date Complete	Limitations or further comments
Has the ASC reviewed/approved the following?			
-Emergency Preparedness Plan			
-Pandemic/Emerging Infectious Disease Policy			
-Reportable Communicable Disease Policy			
-Infection Prevention Policies, including			
PPE Utilization			
N-95 Use and Sterilization Protocols - See Links			
-Collection of Co-Pays and Deductibles			

-List of Approved Procedures			
Has the ASC written/approved the following?			
-COVID-19 Policy for all phases of surgical care			Will reference Joint Statement
-Social Distancing			
-Testing/screening of staff, patients See Links			Will reference Joint Statement
-New Anesthesia Protocols			
Has the ASC educated and trained the staff on the policies listed above? See Links			

Infection Prevention

Task	Status	Date Complete	Limitations or further comments
Has the ASC educated staff and Medical Staff as to symptoms warranting them to stay home?			
Have processes been developed to verify staff remain COVID-19 free after beginning re-employment? (Remind staff of the need to use masks outside of work in all areas when social distancing may not be feasible)			
Does staff (including physicians) need to be retrained on infection prevention policies specifically proper donning and doffing of PPE, hand hygiene and environmental cleaning?			
Have all surfaces including high touch areas such door handles, key boards, phones, counter tops, bathrooms and waiting room furniture been cleaned with an FDA-approved registered disinfectant? (This should occur daily after procedures begin.) See Links			
Has the ASC been terminally cleaned?			
Are the ASC's current cleaning/disinfectant supplies COVID-19 compatible? See Links			
Have all sterile packages and instrument trays been inspected for integrity and expiration dates?			
Have the sterilant and disinfection solutions been inspected to confirm stability and date of expiration per manufacturer's instructions for use?			
If endoscopic procedures are performed, have the endoscopes been examined and reprocessed if that has not been performed within established policies concerning hang time?			
Has the ASC set aside time for additional infection control training in regard to disinfection and sterilization practices, including contaminated equipment transfers?			
Does anesthesia personnel have new guidelines for who is present during intubation and extubation?			
Will the ASC allow medical supply representatives in the procedure? If so, what infection control parameters must they meet?			
Has the ASC decided on the appropriate message that will be discussed with patients during the pre-admission phone call? (screening process, social distancing policy, etc.)			

Have procedures been established to prescreen for fever, respiratory infections, known exposure to COVID-19 and length of time from exposure for staff, patients and family members in a separate area from the waiting area, or outside?			
Have signs been posted at entrances with instructions, in appropriate languages, for patients with fever or symptoms of respiratory infection to alert staff who can implement appropriate precautions?			
Has the ASC considered staggering patient arrival times to maintain social distancing? (This would decrease the number of patients in the waiting area, pre-op area and PACU areas.)			
Has "social distancing" been created in the waiting room by the spacing of chairs?			
Have all magazines, toys or games been removed from the waiting area?			
Has signage been posted to remind patients of the need for "social distancing?" (limit one family member per patient or have family member wait in the car)			
Has the ASC considered informing patients and family members they must wear a mask or facial covering to deter transmission based on municipal, county and state health authorities' recommendations?			
Does the ASC have a cleaning walkthrough schedule of the waiting area to be performed by the reception or housekeeping staff during the day?			
Has a risk assessment been performed regarding mask needs (surgical vs. N95 respirators vs. procedure)?			
Has staff educational information regarding changes in operating policies and procedures relating to COVID-19 been communicated?			

Facility/Equipment

Task	Status	Date Complete	Limitations or further comments
Have daily temperature and humidity tests been maintained in ORs and sterile supply storage? If not, the integrity of the supplies must be confirmed.			
Do the air exchanges need to be re-established? If yes, then follow with terminal cleaning.			
Has the generator load testing been completed?			
Has the fuel level of the generator been checked?			
Are HVAC filters compliant?			
Has a plumber checked all drains that may have been dormant for awhile (specifically scrub sinks and autoclaves)?			
Have daily temperatures in medication and/or tissue refrigerator been monitored? If not, may need to discard and reorder.			
Have the sterilizers, automated endoscope reprocessors, ultrasonic machines and other sensitive equipment been tested to verify appropriate parameters are met?			

Have tests been performed on any equipment that has been "out of service" while closed such as anesthesia machines, ventilation, sprinkler systems, etc.? See Links (Reference your life safety code schedule)			
Has inventory been taken of all equipment for full inspection and preventative maintenance to ensure proper functioning?			
Life Safety			
Task	Status	Date Complete	Limitations or further comments
Has the ASC thoroughly reviewed and documented an emergency disaster drill scenario for the recent experiences with handling the COVID-19 crisis?			
Are fire extinguishers within date?			
Has the ASC kept up weekly/monthly life safety checks? In not, conduct safety rounds?			
If the medical gases were disabled, has the ASC arranged for a qualified company to get them re-started safely?			
Has the ASC checked if the fire alarm and sprinkler systems tests are up to date? (especially if maintained by landlord or management group)			
<i>NOTE: Restart the ASC's annual testing from this point as initial testing and move forward from this date then monthly, quarterly, semiannual and annual moving forward. This includes the biomedical checks and electrical safety verifications.</i>			
Supplies			
Task	Status	Date Complete	Limitations or further comments
Has the ASC ensured narcotic inventory matches pre-closure?			
Are there medications that have expired and need to be replaced?			
Have all equipment and medications on the crash cart, malignant hyperthermia cart and anesthesia carts been checked for expiration?			
Has the ASC searched the FDA website for drugs that are currently in short supply? See Links			
Has the ASC searched the FDA website for extended use dates for certain drugs? See Links			
Has a complete inventory been performed of supplies, implants, medications and equipment in order to compare it to par levels?			
Does the ASC have enough supplies, medications and equipment to perform procedures for a minimum of two weeks? Four weeks?			
Are there supplies that have expired and need to be replaced?			
Have vendors been notified of the reopening date and to see if there are any shortages that have occurred due to the pandemic?			

Are there any special supplies/equipment needs for anesthesia services?			
Does the linen need reprocessing? Does the ASC have an adequate supply of linen?			
Does the ASC have enough PPE to begin procedures?			

Clinical Operations			
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Task	Status	Date Complete	Limitations or further comments
Has the pre-admission patient history form been updated with COVID-19 exposure questions?			
Have the post-discharge follow-up calls been updated to include questions about any changes in health status regarding the patient and/or family members that have been in direct contact with the patient?			
Has the ASC posted contact information for the local health department in all clinical areas?			
Does the center have an adequate supply of hand sanitizers, tissues and non-touch trash receptacles with disposable liners in all restrooms, reception, waiting and patient care areas?			

Business Office Operations			
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Task	Status	Date Complete	Limitations or further comments
Has the ASC notified the USPS of their delivery status?			
Has the scheduler reached out to physician offices and notified them of operational status?			
Has the business office re-verified prior authorizations and insurance coverage?			
Has the ASC notified billing services and/or transcription services of re-opening?			
Has the ASC inventoried current office supplies?			
Has the ASC established a script for business office staff to address protocols in place for patients?			