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RV2025-001  
**RECEIVED**  
**Oct 15 2024**

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

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October 15, 2024

**VIA EMAIL**

Emily T. Marsal  
Executive Director  
Alabama State Health Planning & Development Agency  
RSA Union Building  
100 N. Union Street, Suite 870  
Montgomery, AL 36104  
shpda.online@shpda.alabama.gov

**Re: Non-Reviewability Determination  
Vascular and Interventional Specialists of Alabama, PLLC  
Physician Office Exemption for Interventional Radiology**

Dear Ms. Marsal:

Our firm represents Vascular and Interventional Specialists of Alabama, PLLC, a physician-owned radiology practice (the "Practice"). Pursuant to Alabama Certificate of Need Program Rules and Regulations ("CON Rules"), specifically § 410-1-7-.02, the Practice requests a determination that the proposed offering of interventional radiology services is not subject to certificate of need ("CON") review under Ala. Code § 22-21-260, *et. seq.*, and the CON Rules. To assist with your determination, we submit the following information:

The Practice seeks to offer interventional radiology services at the Practice's office location at 120 Cahaba Valley Parkway, Suite 200, Pelham, AL 35124. The services proposed to be offered within the Practice's office include embolizations, peripheral vascular stenting, angioplasty, fistulograms, IVC filter replacement, tunneled catheter placement, kyphoplasty, chest ports, ultrasound guided biopsies, and related services. All professional radiology services will be rendered by owners or employees of the Practice. The Practice is owned by Louis Lucas, M.D., and Jeremy Ferris, M.D., board-certified radiologists. The equipment and space utilized will not be owned by or located in a health care facility. Instead, it will be owned by the Practice, an Alabama physician-owned business, and utilized by the physician owners or employees of the Practice.

The interventional radiology services will only be provided to Practice's patients, and the Practice will not provide interventional radiology services to hospital inpatients, nor by, through, or on

behalf of a health care facility, as such term is defined by Ala. Code § 22-21-260(6) and CON Rule § 410-1-2-.05. All patient billings related to the provision of interventional radiology will be in the name of the Practice or its physicians and not on behalf of any health care facility or third-party.

Therefore, the proposed project is exempt from Certificate of Need (“CON”) review under the physician office exemption codified at Ala. Code § 22-21-260(6).

Pursuant to Alabama Administrative Code § 410-1-7-.02, the Practice is requesting a reviewability determination that the proposed project is not subject to CON review based on the following:

1. The project does not involve the establishment of a health care facility under CON law, specifically Ala. Code § 22-21-260, which states “[t]he term health care facility shall not include the offices of private physicians...whether for individual or group practices and regardless of ownership....”
2. The project does not involve the offering a health care service because it is not being provided by or through a health care facility. See Ala. Admin. Code § 410-1-2-.06.
3. The project satisfies the “physician office exemption” test set out in *Ex parte Sacred Heart Health Sys., Inc.*, 155 So.3d 980 (Ala. 2012):
  - a. The proposed services are to be provided, and related equipment used, exclusively by the physicians identified as owners or employees of the physicians’ practice for the care of their patients.
  - b. The proposed services are to be provided, and related equipment used, at an office of the physicians.
  - c. All patient billings related to the services are through, or expressly on behalf of, the physicians’ practice.
  - d. The equipment will not be used for inpatient care, nor by, through or on behalf of a health care facility.

Additionally, the total cost of construction will not exceed the capital expenditure thresholds set forth in Ala. Code § 22-21-263 and CON Rule § 410-1-4-.01 (as adjusted). It is anticipated total costs of construction will be approximately \$750,000; the total cost for the purchase and/or lease of major medical equipment is anticipated to be approximately \$382,000; other capital costs are anticipated to be less than \$100,000; and new first year annual operating costs are estimated to be approximately \$1,309,135. Thus, the project will be less than the capital expenditure thresholds set forth in Ala. Code § 22-21-263 and CON Rule § 410-1-4-.01. All expenditures will be incurred by the Practice.

The Project does not involve any change in the existing licensed bed capacity of a health care facility, or a change of ownership of a health care facility. Further, the Project will not result in the provision of any new institutional health services by or through a health care facility.

Accordingly, based on the above, the Practice requests your determination that the provision of interventional radiology service within the Practice's office is not subject to CON review under *Ala. Code* § 22-21-260 *et seq.* and the CON Rules, and is permissible without further filings or requests to SHPDA. I appreciate your response to this matter, and please do not hesitate to contact me should you need additional information.

Contemporaneous with this filing, we have paid the \$1,000.00 filing fee to the Alabama State Health Planning and Development Agency via the online payment portal.

Sincerely,

*s/ Angie C. Smith*

Angie C. Smith

ACS/jlr

Affirmation of Requesting Party:

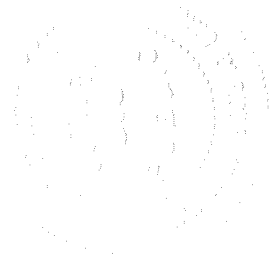
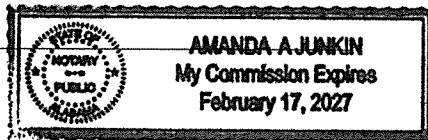
The undersigned, being first duly sworn, hereby make oath or affirm that he is a member of Vascular and Interventional Specialists, PLLC, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant *Travis W. Jackson* (SEAL)

SUBSCRIBED AND SWORN to before me this 1st day of October, 2024

*Amanda Ann Junkin*  
Notary Public

My commission expires \_\_\_\_\_





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Nov 07 2024

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November 7, 2024

**VIA EMAIL**

Emily T. Marsal  
Executive Director  
State Health Planning & Development Agency  
RSA Union Building  
100 N. Union Street, Suite 870  
Montgomery, AL 36104

**Re: RV2025-001 Vascular and Interventional Specialists of Alabama, PLLC**

Dear Ms. Marsal:

In response to the October 22, 2024 request for additional information for the above referenced reviewability determination, please see the following responses:

- Please provide clarification as to the service area for the proposed project. Ala. Admin. Code 410-1-2-.03 defines the service area as the county in which the service will be provided in the absence of a designated geographical service area.
  - Vascular and Interventional Specialists of Alabama, PLLC (“VISA”) will be located in Shelby County, which will serve as the service area for the proposed project.
- The referenced request indicates that Vascular and Interventional Specialists of Alabama, PLLC, is owned by Louis Lucas, MD, and Jeremy Ferris, MD, and notes that professional radiology services will be rendered by owners or employees of the practice. Please provide a list of the physicians currently employed by this radiology practice.
  - Dr. Lucas and Dr. Ferris will be the only physicians working for the practice once the LNR is obtained. They do not anticipate having any additional physician employees at the start of initiating the services but may hire additional radiologists in the future.
- Please submit detailed information concerning the full scope of radiology services currently provided by the existing physician owned radiology practice in Pelham, Alabama.

AL • DE • FL • GA • MS • NC • SC • TN

Emily T. Marsal  
November 7, 2024  
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- Dr. Lucas and Dr. Ferris have not initiated providing radiology services at the proposed practice in Pelham, Alabama. However, the attached Exhibit A reflects the services and CPT codes that VISA intends to offer at its practice.
- Please provide the Agency with planned emergency procedures on behalf of the proposed interventional radiology services.
  - See Exhibit B for the emergency procedures VISA intends to adopt as part of its practice. As indicated above, VISA has not initiated services.

We hope that we have addressed your questions, but please let us know if you need any additional information.

Sincerely,  
*s/Angie C. Smith*

Angie C. Smith

Enclosures

# EXHIBIT A

PROCEDURES	CPT CODES
EMBOIALIZATION:	
Uterine fibroid embolization	37243, 36247, 36248
Prostate embolization	37243, 36247, 36248
Geniculate artery embolization	37242, 36247
Hepatic artery chemoembolization	37243, 36247, 36248, 36248
Hemorrhoid emboliation	37242, 36247, 36248
PERIPHERAL ANGIOPLASTY, ATHERECTOMY, AND STENTING	
Iliac PTA	37220
Iliac Stent	37221
SFA and Pop PTA	37224
Fem/Pop Atherectomy	37225
Fem/Pop Stent	37226
Fem/Pop Stent/atherectomy	37227
Tibial PTA	37228
Tibial Atherectomy	37229
Tibial Stent	37230
Tibial Stent/Atherectomy	37231
PAIN MANAGEMENT	
Kyphoplasty, thoracic	22513, 99152
Kyphoplasty, lumbar	22514, 99152
Additional levels	22515
Vertebroplasty, thoracic	22510, 99152
Vertebroplasty, lumbar	22511, 99152
Additional levels	22512, 99152
Epidural Steroid injection, lumbosacral	62323
Epidural Steroid injection, cericothoracic	62321
Geniculate Nerve block	64454
Genicular Nerve ablation	64624
Nerve block, sphenopalentine gang	64505
DIALYSIS ACCESS MANAGEMENT	
Fistulogram	36901
Fistulogram, Peripheral PTA	36902
Fistulogram, Peripheral Stent	36903
Fistulogram, Declot without PTA	36904
Fistulogram, Declot with PTA	36905
Fistulogram, Declot with Peripheral stent	36906
Add on Central PTA	36907
Add on Central Stent	36908



WavelinQ	G2171
Ellipsys	G2170
VENOUS DISEASE MANAGEMENT	
IVC filter placement	37191
IVC filter reposition	37192
IVC filter retrieval	37193
Venous stent	37238
Venous stent, each additional	37239
IVUS	37252
Venous embolization	37241
Varithena (foam sclr.)	36465
Varithena, multiple veins	36466
Venous ablation	36475
venous ablation, each add. single extremity	36475
CENTRAL VENOUS ACCESS	
Tunneled catheter	36558, 77001,76937,99152
Tunneled catheter exchange	36581, 77001,99152
Tunneled catheter removal	36589
Port	36561, 77001, 76937,99152
Port Removal	36590, 77001, 99152
PICC (inclusive of imaging)	36569
FLUID DRAINAGE	
Paracentesis	49083
Thoracentesis	32555
MISCELLANEOUS CODES:	
Moderate Sedation	99152
Fluoro guidance	77001
US guidance	76937

# EXHIBIT B

Policy Title:	Emergency Equipment & Maintenance Policy		
Policy Number:	TBD	Section:	TBD
Policy Owner/Title:	TBD		
Effective Date:	DRAFT	Next Review Date:	TBD
Supersedes:	N/A		
Exhibits:	N/A		

## PURPOSE:

Establish standards for installing and preventative maintenance of emergency power equipment to ensure continuity of care and patient safety.

## SCOPE:

This policy applies to all emergency power equipment at Vascular and Interventional Specialists of Alabama.

## POLICY STATEMENT:

This policy establishes standards to ensure emergency power equipment is installed correctly and maintained in working order, ensuring continuity of care and patient safety at Vascular and Interventional Specialists of Alabama ("VISA" or "the Institute").

### A. Emergency Equipment Standards:

All procedure rooms are equipped with an emergency power source with the capacity to:

- Adequately operate monitoring, anesthesia, procedure equipment, and lighting for a minimum of thirty (30) minutes simultaneously in ALL procedure rooms. Procedure suite electrical outlets must be properly connected to the emergency power supply.
- Begin generating ample power to operate essential procedure suite equipment within thirty (30) seconds of a power failure.
- Perform self-testing on a routine basis.

### B. Emergency Equipment Maintenance

Emergency equipment shall be routinely tested, inspected, and maintained in accordance with manufacturer specifications and the standards of this policy. Repairs or additional service needs for emergency power equipment will receive the highest priority and be completed only by qualified technicians in accordance with manufacturer expectations.

1. The emergency power source performs self-tests several times throughout each month. Test results are monitored and logged at least monthly.
2. Inspections, maintenance, and repairs shall be conducted by a qualified, independent contractor service as follows.

- A service call must be scheduled in the event the system fails to operate properly during an emergency response situation.
  - An inspection should be scheduled after each major power failure situation to ensure the equipment remains in working order and ready for the next event.
  - Preventative maintenance will be conducted semi-annually, which should include renewed instruction for personnel on proper operating procedures and upkeep. The inspection must include a load test as detailed below.
  - A bio-medical technician inspects all electrical equipment, including the emergency power supply annually, and reports in writing that all equipment is safe and operating according to manufacturer specifications.
3. All inspection reports and service records are logged, retained and reviewed.
4. Components of a routine inspection or service ensure:
- All fluid levels are within the correct operating range. Refilled as needed.
  - The clean air filter element is clean. Cleaned or replaced as needed.
  - Fuel tanks and lines (above ground and accessible) are free of leaks and excessive sludge, water, or rust is collecting. Fuel filters and sediment bowls are cleaned and replaced as needed.
  - All coolant hoses are secure and free of brittleness, leaking, cracking, and weakness.
  - The entire unit is lubricated. Oil is changed annually. Oil filters are changed with each oil change.
  - All batteries are clean and verified for specific gravities. Clean and replace as needed. All batteries are replaced every three (3) years.
  - The jacket water heater is operating properly.
  - All belts are in working condition and have proper tension.
  - All instruments are operating properly.
  - Automatic transfer switches are operating properly. Self-test records are reviewed.
  - All safety alarms and shut-down features are operating properly.
  - Battery charger is operating properly.
  - After all component tests, inspections, and repairs are complete, a load test must be performed. This test triggers the equipment to activate and operate for at least 30 continuous minutes under a dynamic load to verify operation as expected. The equipment must activate within thirty (30) seconds and be able to operate for a minimum of thirty (30) minutes of use.
  - Personnel are instructed on operating procedures and proper upkeep.

C. Power Failure:

Refer to Vascular and Interventional Specialists of Alabama Emergency Situations and Response Policy for steps to take in the event of an electrical or power failure (CODE BLACK) at the facility to ensure patients are stabilized and the situation is assessed.

In the event the emergency power system fails, staff shall:

1. Investigate the cause of the emergency power system failure. This may include:
  - a. Verification that the transfer switch is in the emergency position.
  - b. Inspection of the control panel and transfer switch for possible malfunction, incorrect switch position, or manual lockout.
  - c. Inspection of the battery and starter system.
  - d. Inspection of the fuel take for adequate fuel supply; verification that the transfer switch is in the emergency position; etc.
2. If the generator cannot be started, contact the generator manufacturer or industry professional for assistance and the possible delivery of a portable backup emergency generator, cables, and transformer.

**D. Monitoring:**

The Clinical Coordinator must review and initial test logs, inspection reports, and maintenance records at least quarterly to ensure compliance with policy standards, including documentation and inspection requirements, and remedy any noncompliance issues.

**E. Retention:**

Documentation of all self-test results, scheduled inspection reports, maintenance records, and monitoring results related to emergency power equipment is kept on file and retained for a minimum of three (3) years or longer in accordance with Vascular and Interventional Specialists of Alabama Record Retention and Destruction Policy.

**DEFINITIONS:**

Load Test - This test triggers emergency power equipment to activate and operate under a dynamic load of continuous use to verify the equipment is operating as expected. Response time and operation time must meet specified standards.

**EXHIBITS:** N/A

**RELATED POLICIES AND PROCEDURES:**

- Procedure Suite Standards
- Emergency Situations and Response Policy
- Record Retention and Destruction Policy

**REFERENCES:**

- American Association for Accreditation of Ambulatory Facilities (Quad A), *Procedural Standards v5.2 Dated February 2023*.

**REVIEWERS:** [Input Name, Title]

**APPROVER:** [Input Name, Title, Signature, Date]

Policy Title:	Emergency Situations and Response Policy		
Policy Number:	TBD	Section:	TBD
Policy Owner/Title:	TBD		
Effective Date:		Next Review Date:	TBD
Supersedes:	N/A		
Exhibits:	A. Emergency Communications List B. Emergency Evacuation Site Map		

#### **PURPOSE:**

To identify emergency codes utilized by the Vascular and Interventional Specialists of Alabama to alert staff to an emergency situation without causing panic or overreaction from patients and visitors and to establish protocols for emergency management for specific emergency or hazardous events as they occur.

#### **SCOPE:**

This policy applies to all facility staff, and all are responsible for understanding and complying with emergency response protocols. National regulations and standards include the currently accepted NFPA Life Safety Code (NFPA 101), OSHA, 29 CFR 1910 Subpart E (29 CFR 1910.39, Fire Prevention Plans), and Quad A Accreditation Standards.

#### **POLICY STATEMENT:**

Vascular and Interventional Specialists of Alabama is committed to providing an environment of care that protects life and minimizes the potential risks to its patients, visitors, and staff. Vascular and Interventional Specialists of Alabama have established emergency codes and protocols to observe emergency management when specific emergent or hazardous events occur to ensure a safe environment. While the response may vary by type of emergency, certain activities are so fundamental to patient and staff safety that Vascular and Interventional Specialists of Alabama have developed a proactive approach to select emergency situations. This policy outlines standards for:

- A. Emergency Codes
- B. Chain of Command
- C. Scene Responsibilities
- D. Crisis Communications
- E. Facility Evacuation
- F. Fire (CODE RED)
- G. Medical Emergency (CODE BLUE)
- H. Armed Intruder / Disturbance (CODE SILVER)
- I. Hazardous Spill (CODE ORANGE)
- J. Power Failure (CODE BLACK)
- K. Monitoring and Compliance

## **POLICY STANDARDS AND PROTOCOLS:**

### **A. Emergency Codes:**

Vascular and Interventional Specialists of Alabama utilize the following Emergency Codes to summon action or assistance without causing panic or overreaction from patients and visitors:

- CODE RED ... Fire
- CODE BLUE ... Medical Emergency / Cardiac Arrest
- CODE SILVER ... Armed Intruder / Disturbance
- CODE ORANGE ... Hazardous Spill / Decontamination Event
- CODE BLACK ... Power Failure

### **B. Chain of Command:**

The Incident Commander is responsible for emergency decision-making to ensure quick and complete activation of appropriate emergency response procedures, including the immediate and long-term responses to an emergency at the Vascular and Interventional Specialists of Alabama. The Incident Commander will determine the staffing, supplies, space, and security needed in an emergency and may assign an emergency response team to assist with these needs. Staff assigned to the emergency response team shall take their roles seriously and ensure they have the appropriate training to perform their duties adequately.

The Incident Commander must be identified for each emergency incident, and all others within the chain of command shall assist the Incident Commander with scene responsibilities.

*Incident Commander Chain of Command:*

Director of Operations → Medical Director

### **C. Scene Responsibilities:**

The Incident Commander is responsible for managing the scene of an emergency incident, where duties may be handled directly or via delegation to others within the chain of command or emergency response team. Responsibilities may include:

1. Determining emergency response needs, including incident isolation or evacuation (partial or complete), and ensuring protocols are followed for each respective situation.
2. Notifying employees and the communications contact to ensure patients are stabilized, and evacuation procedures are initiated as appropriate.
3. Confirming the notification of emergency responders and other key contacts.
4. Appoint staff to direct and assist occupants away from hazardous areas to alternate internal areas or exits to exterior meeting areas, as appropriate.
5. Establish an administrative area and assign roles (e.g., group leaders, communication, recordkeepers, etc.).
6. Establish an area for medical care and assign roles (e.g., triage, transfer/discharge, assisting emergency responders, etc.).
7. Obtaining and replenishing medical and nonmedical (e.g., food, bedding, etc.) supplies, equipment, and medication needed.



8. Appointing staff to track and record patient information (e.g., patient roster, transfer/discharge disposition, etc.)
9. Physically check each room for remaining occupants, confirm 100% evacuation and accounting of all occupants, and ensure no one reenters the facility.
10. Ensure that post-incident procedures (e.g., incident reporting, post-incident follow-up and recovery, post-incident evaluation and corrective action, etc.) are completed in a timely manner.

**D. Crisis Communications:**

The Incident Commander is responsible for all notifications and announcements. The Business Office staff assists the Incident Commander with facility crisis communications as directed. Emergency codes are communicated throughout the facility using an intercom system, the room-to-room telephone, computer screen messages, or individually between staff as appropriate. Once communicated, staff will respond according to the established protocol for the respective code.

The Incident Commander shall ensure 911 is called immediately, when appropriate, and consult the emergency telephone list for other necessary communications to local responders and key facility contacts. For example, the emergency contact list may include:

1. Local: 911 (Police, Fire, Hazmat); Emergency Management Department; non-emergent Police Department; Poison Control; Area Hospitals; Security Companies; Utility Companies; Maintenance or Report Professionals; and other sources of collaboration or assistance, etc.
2. Facility: Administrator, Medical Director, Quality/Risk Manager, Building Management (if leased or connected to others), other staff and volunteers, etc.
3. Public: News providers, etc.

**E. Facility Evacuation:**

Some incidents, emergencies, and disasters require a facility evacuation, while others require occupants to stay indoors or in a safe area. In all situations, the facility Incident Commander will take command, notify staff how to proceed, and initiate emergency evacuations as appropriate. All others in the chain of command will assist the Incident Commander with the emergency response.

All staff should consider patient and visitor safety at all times. Patients and visitors should be notified of the need to evacuate and be escorted to the appropriate area(s). Business Office staff should notify anyone in the waiting areas of the need to evacuate and direct them to the safest exit.

1. In all emergent situations, patients must be stabilized and made ready until the nature of the emergency is determined and further direction by the Incident Commander is provided. In the event a patient is transferred to an alternative healthcare facility, refer to the Vascular and Interventional Specialists of Alabama patient transfer policy. If the stabilized patient is removed from the procedure room but not transferred to another facility, the patient shall be returned to the procedure room once it is safe to do so and return to standards for care and discharge.
2. Depending on the nature of the emergency, full evacuation of the facility may not be necessary or advisable. In such cases, the best option may be to remain in the occupied area unless directed to move to an alternate location.
3. Advance preparedness for an emergency evacuation:

- a. Staff should recognize the sound of the evacuation (fire) alarm. In the event of an emergency, occupants will be alerted by either the facility fire alarm system or a verbal announcement by designated staff or emergency responders.
  - b. Staff should be familiar with building exits/egress routes and the location of fire extinguishers and alarm stations.
    - 1) The facility maintains hallways, stairways, and elevators that are sufficiently wide to allow for emergency evacuation of a patient and necessary equipment by emergency responders.
    - 2) The facility is equipped with fire exit signs that are posted and illuminated in accordance with state, local, and/or the NFPA/OSHA codes.
    - 3) The facility maintains sufficient emergency lights for exit routes and patient care areas in case of power failure or limited visibility.
    - 4) The facility is equipped with a sprinkler system throughout the building and a fire alarm system that is activated by smoke and/or heat detection or the activation of a manual pull station.
    - 5) The facility is adequately equipped with [ENTER NUMBER OF EXTINGUISHERS] fire extinguishers: [ENTER LOCATION OF EXTINGUISHERS]. Fire extinguishers are inspected annually and conform with local fire codes.
    - 6) Staff should know at least two ways out of the building from their regular workspace or office. Upon request, staff can demonstrate the safe evacuation of a patient.
  - c. Staff should know the predetermined emergency meeting location(s) and group leaders (e.g., Administrator or assistant) to account for occupants after the facility has been evacuated.
    - 1) Meeting Location: Refer to an attached area map with starred location.
      - Primary Location – [Describe primary location here]
      - Secondary Location – [Describe secondary location here]
    - 2) If more than one meeting location is used in evacuation planning, staff should be assigned to a designated meeting location.
    - 3) Staff to know how to contact the Incident Commander when unable to go to the designated meeting location.
  - d. The Facility Administrator will conduct and document quarterly fire drills (covering all shifts and facility locations) designed to test staff knowledge and response. The results will be assessed for corrective action or improvement.
4. When alerted by a fire alarm or as directed by designated staff or emergency responders (for drill or actual event):
- a. ALL occupants must IMMEDIATELY evacuate the building through the nearest exit to the predetermined meeting location(s) as assigned. Once outside, staff to:
    - 1) If you are unable to go to the designated or assigned meeting location, contact the incident commander as soon as possible.

- 2) Ensure everyone is at least 500 feet from the building and away from building entrances to avoid interfering with emergency responders or equipment.
  - 3) Ensure all follow instructions of emergency responders and stay out of the way of emergency responders during and after evacuating.
  - 4) Ensure all stay at the evacuation meeting location until further direction is provided and all occupants have been accounted for.
- b. Evacuate as quickly as possible but in an orderly manner. Do NOT run.
- c. While evacuating, staff to:
- 1) NOT use an elevator for evacuation
  - 2) Have one person check the evacuation route to ensure safe and unobstructed passage.
  - 3) Take inventory of who/how many individuals are in their area and scan the immediate area to make sure everyone has left.
  - 4) NOT return to their work area to retrieve personal items.
  - 5) Shut all doors behind them as they leave. Closed doors can slow the spread of fire, smoke, and water.
  - 6) Shut off any oxygen feed valves only once the Lead Nurse approves.
- d. Staff are to assist patients and visitors and obtain equipment needed to support any critical patients. Stretchers or wheelchairs may evacuate sedated patients. If requested, staff will accompany and assist people with disabilities.
- 1) When assisting individuals with visual impairments:
    - Tell the person about the nature of the emergency and offer to guide the person to the nearest exit.
    - Have the person take the guide's elbow and escort them out of the building.
    - While walking, advise the person of any obstacles.
    - Once safely out, orient the person to where they are and ask if any further assistance is necessary.
  - 2) When assisting individuals with hearing impairments:
    - Alert the person that there is an emergency situation by using hand gestures or by turning the light switch on and off.
    - Verbalize or mouth instructions or provide the individual with a short note containing instructions.
    - Offer aid while evacuating.
  - 3) When assisting individuals with mobility impairments:
    - A person with a disability is the best authority on how they should be moved. Staff should ask before helping to move someone.

- Whenever possible, someone should remain with the person while another individual exits the building and notify emergency responders of the mobility-impaired person's exact location.
- Individuals who can walk may be able to evacuate themselves. Walk with the person to provide aid if necessary.
- Use wheelchairs or carts to evacuate individuals who are not able to walk. If there is no immediate danger, take the individual to a safe place to await emergency responders.

4) Accounting for Occupants post-evacuation:

- Each group leader is responsible for determining the status of those safely evacuated and accounted for and those who may be trapped, injured, or needing assistance.
- Each group leader will check off the evacuee names from a master list to indicate the individuals accounted for after evacuating the facility.
- Once at the designated emergency meeting location, staff should check in with the group leader immediately to be accounted for and report the location of anyone still stranded inside the building.

F. **Fire (CODE RED):**

CODE RED communicates activation of the fire plan to respond to a fire or fire alarm condition promptly. Staff shall observe the **R-A-C-E-E Principle** when a fire is identified or otherwise suspected (smoke, burning odor, or flames).

**Rescue**

- Remove patients, visitors, and staff away from the immediate danger area
- Put at least one closed door between you and the fire

**Alarm**

- Activate the fire alarm pull station
- If possible, notify all staff of the fire or smoke location. The greatest danger in a fire is panic. Never shout "fire." Remain calm, and know the expected actions.
- NEVER assume that a fire is too small to report. Business office staff to:
  - Call 911
  - Report the exact location of the fire
  - Direct Fire Department upon arrival at the fire.

**Contain**

- Close the doors to the room containing the fire, all procedure room doors, and any other doors and windows.
- Pack sheets and towels under doors to contain smoke.

**Extinguish (if trained to do so)**

- If possible, use the nearest fire extinguisher to extinguish the fire
- Use the P-A-S-S technique to extinguish the fire. *(Staff should remember they are not trained firefighters and should not put themselves in unnecessary danger. Only attempt to extinguish the fire if it is small, you have received training, or you can do so without injury.)*

- **P**-pull the pin
- **A**-aim low. Point the extinguisher nozzle at the base of the fire.
- **S**-squeeze the handle to release the extinguishing agent.
- **S**-sweep at the base of the fire from side to side.

**Evacuate** *(Also refer to evacuation procedures above)*

- Evacuate when instructed to do so by emergency responders or as directed by individuals within the Chain of Command.
- Incident Commander Chain of Command: Facility Administrator → Medical Director → Quality/Risk Manager
- Follow the facility evacuation procedure outlined in the policy
- Close all doors and windows when possible
- Account for all employees, visitors, and patients
- DO NOT re-enter the building until the Fire Department advises that it is safe to do so. Actively move patients, visitors, and staff away from immediate danger of fire or smoke.

**G. Medical Emergencies (CODE BLUE)**

CODE BLUE communicates medical emergencies when a facility occupant has suffered from a cardiac arrest, is unconscious, is not breathing, has fallen, or is otherwise injured and requires emergency medical attention by the full code team, including physicians. Staff should refer to Vascular and Interventional Specialists of Alabama Cardiac Arrest / Respiratory Arrest Procedure for detailed actions and responsibilities to ensure prompt and efficient response by all experienced clinical staff.

When a CODE BLUE event occurs:

1. Remain calm
2. Do NOT attempt to move a person who has fallen or appears to be in pain.
3. Activate a CODE BLUE immediately to notify the Physician, Advanced Practice Provider, or RN to arrive at the scene with an Emergency Crash Cart and initiate basic first aid/CPR guidelines.  
  
An automatic external defibrillator (AED) is located on each emergency crash cart for cardiac emergencies. Individuals who are trained to use the equipment can use it.
4. Call 911 immediately unless otherwise directed by the Physician, Advanced Practice Provider, or RN.
5. When 911 is called:
  - a. Provide detailed information on the location and condition of the ill or injured person. Identify the building name, address, and location within the building.
  - b. Send staff to each possible entrance to greet EMTs upon arrival.
  - c. Attempt to obtain the following information about the ill or injured person to be communicated to the EMTs upon arrival:
    - Name
    - Description of symptoms
    - Medications
    - Allergies
    - Major medical history (heart condition, asthma, diabetes, etc.)
    - Age and sex

6. If the incident results in a patient transfer to a local hospital, staff shall consult the Vascular and Interventional Specialists of Alabama Patient Transfer Policy for guidelines.
7. The Incident Commander shall complete an incident report within 24 hours.

H. **Armed Intruder or Disturbance (CODE SILVER)**

Vascular and Interventional Specialists of Alabama have zero tolerance for workplace violence and emphasize the importance of reporting events of overt and suspicious safety issues.

CODE SILVER communicates potential disturbances that may include a gunman, hostage situation, bomber, strange or suspicious person or object, violent verbal or physical behavior by an individual or group (e.g., patient, visitor, or staff), etc.

1. If a disturbance appears to threaten the safety of facility occupants:
  - a. As a general rule: **RUN, HIDE, FIGHT**. If staff is unable to escape the immediate area safely and needs to hide, remember **CALM**:
    - C** – Close doors: remain hidden and out of sight behind closed and locked doors
    - A** – Assist others: encourage patients and visitors to follow
    - L** – Lights out: turn off all lights if possible
    - M** – Maintain silence: Don't speak, turn pagers and cell phones off or vibrate
  - b. Call 911 immediately. Give detailed information about
    - i. Description of the situation and location
    - ii. Name, number, and description of persons involved, if known
    - iii. Weapons displayed or involved
    - iv. Threats or demands made
  - c. If possible, notify the Facility Administrator or alternate Incident Commander only after Security/911 has been contacted, and activate facility communications to notify other facility occupants of the emergency code situations. Incident Command activities include:
    - i. Communicating with staff, patients, visitors and community
    - ii. Establishing a medical response
    - iii. Providing floor plans to law enforcement
    - iv. Completing incident reports and assessments
  - d. Staff in a hot zone (immediate vicinity of danger) should avoid further escalation, keep hands visible and voices calm, have an escape route or hide-out plan in mind, and escape or hide as soon as possible.
  - e. All others shall stay silent and out of sight behind preferable cover or concealment, behind locked or barricaded doors, with lights turned off and windows blocked.
  - f. Staff to remain calm and help others to remain calm; take steps to protect their own safety and the safety of others; and if appropriate and safe to do so, evacuate occupants to a safe area, preferably within the building when possible.
  - g. Lock or barricade doors and windows, if possible and appropriate, to isolate the disturbance.
2. Staff should not hesitate to contact Facility Security or 911 if they believe someone is acting suspiciously or is in an unauthorized area or if they notice a suspicious object left behind or unattended.

- a. Notify the Facility Administrator or alternate Incident Commander only after Security/911 has been contacted.
  - b. All other staff should be notified of the disturbances by patients or visitors. Particular attention should be paid to disruptive, loud, or angry individuals.
3. All staff should be aware of patients and visitors at the Vascular and Interventional Specialists of Alabama. Staff should take notice of bags, packages, or other suspicious objects left unattended or left behind. Staff should take notice of any vehicles left unattended for extended periods or parked in an irregular manner. If a suspicious object is identified:
  - a. Call 911 immediately and follow the instructions precisely.
  - b. Notify the Facility Administrator or alternate Incident Commander
  - c. Do NOT touch the object. Move people away from the immediate area of the object.
  - d. Do NOT use cell phones within 100 feet of the suspicious object
  - e. DO NOT pull the fire alarm.
  - f. Do NOT evacuate the building unless instructed by 911 emergency personnel.
4. When 911 is called and police arrive:
  - a. Remain calm and follow police instructions
  - b. Immediately raise your hands and spread your fingers
  - c. Keep your hands visible at all times.
  - d. Avoid making quick movements toward police officers, such as attempting to hold onto them for safety. Their first priority is to contain the incident.
  - e. Avoid pointing, screaming, or yelling.

I. **Hazardous Material Spill (CODE ORANGE)**

CODE ORANGE communicates that a spill of hazardous material (e.g., potentially contaminated blood or body fluids, chemicals, toxic waste, etc.) has occurred. Vascular and Interventional Specialists of Alabama staff shall be familiar with and refer to the Center's Hazard Communications Program for details.

Staff will identify the chemical or spilled material, the location of the spill, and the approximate quantity spilled and evaluate the manageability and risk of the incident. All spills require a proper report to the Incident Commander, who is responsible for filing an incident report within 24 hours. Vascular and Interventional Specialists of Alabama staff shall not clean up spills of hazardous material if the spilled material is not manageable and poses a health or safety risk (e.g., possibility of fire, explosion, chemical overexposure). If the spill:

1. Occurred INSIDE the facility and is incidental and manageable by staff:
  - a. Restrict access to the area
  - b. Located the MSDS sheet for the chemical
  - c. Obtain spill kit or clean up supplies
  - d. Put on appropriate PPE
  - e. Place a layer of absorbent material (e.g., clothes, pillows, tubes, etc.) between the spill and any drains to prevent material from spreading or entering the sewer system.
  - f. Once the spill has been absorbed or cleaned up, place the used and contaminated materials into hazardous waste disposal bags.
  - g. Remove PPE and place it in a hazardous waste disposal bag.

- h. Label the hazardous waste bags to identify the chemical or material spilled, and properly dispose of the bags.
  - i. Wash hands thoroughly with soap and water.
- 2. Occurred INSIDE the facility but is significant or poses a health/safety risk:
  - a. Call 911 immediately. Provide concise information about where the incident occurred and, if possible, identify the spilled material.
  - b. Do not attempt to clean up the spill—911 response, which will contact the appropriate personnel to assist in cleanup.
  - c. If instructed to do so, evacuate the affected building areas. Move people outside, uphill and upwind, which may differ from the facility's established meeting place.
  - d. Shut down ventilation services.
  - e. Contact the facility administrator or alternate incident commander if you are still need to get on site.
- 3. Occurred OUTSIDE the facility:
  - a. Maintain shelter inside the facility. Move to interior rooms and assist patients and visitors to do the same.
  - b. If time permits, close and lock all exterior windows and doors. Close all window shades, blinds, and curtains.
  - c. If time permits, turn off all fans, heating and air conditioning systems in the facility.
  - d. Contact the facility administrator or alternate incident commander if you are still need to get on site.
  - e. Stay tuned to local AM/FM radio for updated emergency information and further instructions, including whether to evacuate and go outdoors.
  - f. If 911 emergency personnel direct you to evacuate the building, ensure the meeting place is uphill, upwind, and not impacted by the spill, which may differ from the facility's established emergency meeting place.

**J. Power Failure (CODE BLACK)**

CODE BLACK communicates an electrical or power failure at the facility. The facility shall stabilize patients and ensure rapid service restoration to the best of its ability, including providing backup systems and actions in the event of a major failure not within the facility's control.

The facility is equipped with emergency backup power sources or generators that will start automatically to supply power to essential areas and equipment within 30 seconds of a power failure for a minimum of thirty (30) minutes. Battery-powered lighting and exit signs provide egress illumination only. Flashlights are available if needed.

In the event of an electrical or power failure, staff will:

- 1. Stabilize patients until the nature of the outage is assessed. If patients must be transferred to another healthcare facility, refer to the Vascular and Interventional Specialists of Alabama Patient Transfer Policy.
- 2. Report the outage to the Facility Administrator or Incident Commander to ensure proper management of the emergency situation, completion of an incident report, and other responsibilities as highlighted in this policy.
- 3. Inform occupants of the expected duration of the outage and the action taken to restore service.



4. Ensure the generators have started and are operating properly and that the emergency power transfer switches are in the emergency position.
5. Ascertain the nature, scope, and expected duration of the failure. Determine if the outage source is external or internal. If external, contact the supplying utility. If internally sourced, determine if the outage is confined to a room, an entire area, or the whole facility or building. Refer to the following sections for additional steps as appropriate.
6. Inform occupants of the expected duration of the outage and take steps to initiate patient transfers and cancellations as directed.
7. Take action to restore service and/or continue managing facility needs to restore normal power and/or restore emergency power until power is restored.

If an internal disruption causes the loss, staff shall:

1. Trace the outage back to the breaker, distribution panel, or switchgear serving the area/building impacted.
2. Check the position of the breaker. If the breaker has tripped off for an overload or short circuit, carefully inspect the branch circuit and look for the cause of the overload or short circuit. Turn the breaker back on to restore the circuit only when repairs have been made or determined safe to re-energize the circuit. Notify the area staff that the power should be restored.

Note: Reset a tripped breaker only once. If the breaker trips again, qualified staff or a professional electrician must diagnose and repair the cause before resetting the breaker.

3. If the failure is caused by a fused disconnect or switchgear, qualified staff or a professional electrician will need to perform additional testing to diagnose and repair it.

If the outage results from a utility source or major internal failure that cannot be resolved immediately, staff shall:

1. Distribute emergency extension cords to supply power from another area or circuit, as needed, when the outage is limited to a select area.
2. Obtain and distribute flashlights.
3. Ensure emergency generators continue to operate until normal power is restored.

In the event emergency power systems fail, staff shall:

1. Investigate the cause for the emergency power system failure. This may include:
  - a. Verification that the transfer switch is in the emergency position.
  - b. Inspection of the control panel and transfer switch for possible malfunction, incorrect switch position or manual lock out.
  - c. Inspection of the batter and starter system.
  - d. Inspection of the fuel take for adequate fuel supply; verification that the transfer switch is in the emergency position; etc.
2. If the generator cannot be started, contact the generator manufacturer or industry professional for assistance and the possible delivery of a portable back-up emergency generator, cables and transformer.

K. **Monitoring or Compliance:**

Staff training and documentation include the safety standards and emergency responsibilities outlined in this policy.

Compliance will be regularly assessed through recurring, scheduled and documented emergency situation drills and assessments of actual emergent situations and related incident reports.

The policy should be reviewed annually with local police and fire departments.

**DEFINITIONS:** N/A

**EXHIBITS:**

- A. Emergency Communications List
- B. Emergency Evacuation Site Map

**RELATED POLICIES:**

- Hazard Communication Program
- Cardiac Arrest / Respiratory Arrest Procedure
- Incident Report Form
- Patient Transfer Policy
- Procedure Suite Standards Policy

**REFERENCES:**

- American Association for Accreditation of Ambulatory Facilities (Quad A), *Procedural Standards v4.3 Dated February 2023*.
- Department of Homeland Security, How to Respond When an Active Shoot is in Your Vicinity
- NFPA 101 – Life Safety Code (Current Edition)
- OSHA 29 CFR 1910.38
- Perioperative Standards, Recommended Practices & Guidelines (AORN), 2017
- The Joint Commission, 2018 Standards for Ambulatory Care.

**REVIEWERS:** [Input Name, Title]

**APPROVER:** [Input Name, Title, Signature, Date]

**Exhibit A:**  
**Emergency Communications List**

**Exhibit B:**  
**Emergency Evacuation Site Map**

Policy Title:	Patient Transfers to Another Health Care Facility		
Policy Number:	TBD	Section:	TBD
Policy Owner/Title:	TBD		
Effective Date:	DRAFT	Next Review Date:	TBD
Supersedes:	N/A		
Exhibits:	N/A		

## PURPOSE:

To establish standards for the safe and expeditious initiation and documentation of patient transfers from Vascular and Interventional Specialists of Alabama to another health care facility that provides emergency services and to ensure continuity of care when extended or emergency services are required. This policy also ensures auditability and compliance with regulatory and accreditation standards.

## SCOPE:

This policy applies to all patients physically transferred from Vascular and Interventional Specialists of Alabama to another health care facility regardless of reason or triggering event. All Vascular and Interventional Specialists of Alabama medical practitioners and clinical staff are responsible for determining the appropriateness of patient transfer and ensuring compliance with policy standards.

## POLICY STATEMENT:

Procedures for which a patient must be routinely transferred to a hospital are not performed at Vascular and Interventional Specialists of Alabama. However, circumstances may occur that require a patient be transferred for further care or treatment to a facility equipped for emergency services. For example, medical emergencies that Vascular and Interventional Specialists of Alabama are not capable of handling, cases requiring monitoring care extending beyond Vascular and Interventional Specialists of Alabama limitations (e.g., 24 hours of recovery monitoring), or when emergent situations occur at Vascular and Interventional Specialists of Alabama. Accordingly, Vascular and Interventional Specialists of Alabama has established standards for the safe and expeditious initiation and documentation of patient transfers from Vascular and Interventional Specialists of Alabama to another health care facility once the attending physician has made a decision for patient transfer from Vascular and Interventional Specialists of Alabama.

When a patient's need for a higher level of care or other emergency circumstance indicates the transfer of the patient from the Vascular and Interventional Specialists of Alabama to another healthcare facility, the following criteria must be met.

- A. Transfer Relationship with Receiving Facilities: Established relationships and understandings with potential receiving facilities for patients transferred from vascular and Interventional Specialists of Alabama help to ensure the patient is transferred through the emergency department.
  1. Potential receiving facilities must be accredited and/or licensed acute care hospitals equipped to provide emergency services within 30 minutes' driving time from the Vascular and Interventional Specialists of Alabama facility location.
    - a) If no hospital is located within 30 minutes of the facility, then arrangements are made with the nearest hospital with such capability.
  2. Vascular and Interventional Specialists of Alabama standards require practicing physicians and Vascular and Interventional Specialists of Alabama to maintain privileges to admit patients to one or more of the nearest receiving facilities. Vascular and Interventional Specialists of Alabama management verifies these privileges as

part of its credentialing standards. Vascular and Interventional Specialists of Alabama must maintain current documentation of the admitting privileges for all practicing physicians.

3. Vascular and Interventional Specialists of Alabama may also engage with one or more of the nearest receiving facilities to understand their respective processes and expectations for patient transfers for inpatient hospital care, including emergency care, for individual exigent cases, and in emergency management circumstances. Vascular and Interventional Specialists of Alabama may execute a written transfer agreement, approved by the Vascular and Interventional Specialists of Alabama Chief Operating Officer, with one or more of the potential receiving facilities if appropriate.
  - a) Effective November 2019, CMS does not require a transfer agreement or active hospital planning privileges for all physicians. Instead, it requires the hospital to submit a document that includes information about Vascular and Interventional Specialists of Alabama operations and its patient population.
  - b) If a transfer agreement is not in effect but was attempted in good faith to enter into such an agreement with a hospital, an agreement is considered to exist if it is in the public interest and essential to assuring service for eligible persons in the community.
  - c) If applicable, all transfer criteria must be met in accordance with the transfer agreement established with the receiving hospital.

**Responsibilities: Unless specifically noted, the attending physician is responsible for:**

1. Stabilizing the patient within Vascular and Interventional Specialists of Alabama's capabilities. Clinical staff will accompany and continually monitor the patient until the patient is transferred to the emergency medical support (EMS) team.
2. Assessing the patient's condition and need for transfer, obtaining consent prior to transfer, and initiating the patient transfer as appropriate.
3. Designating a clinical staff member to:
  - Contact 911 emergency services for transportation to an acute care hospital (unless otherwise determined that State licensure requires additional arrangements for transport services).
  - Notify front desk staff to keep watch for the EMS team and direct them to the facility location upon arrival.
4. The transferring provider should call and inform the receiving facility/provider that a transfer is in process and confirm their capacity to accept the transfer. If the facility will accept the transfer, the Provider will provide details about the patient. If not, the Provider must contact an alternative facility.
5. The physician, APP, or RN provides a verbal report of all pertinent information to the next caregiver of the EMS team on the patient's condition (See Section B6) and specifications on the receiving facility to accept care. A physical copy of patient records and/or transfer summary may be provided and signed when available.
  - i. Vascular and Interventional Specialists of Alabama staff will copy applicable patient records (e.g., patient demographics and history, powers of attorney that may apply, relevant assessments, tests performed and results, insurance and payment information, and personal identification) and transfer summary (further detailed below) paperwork, when available, to be provided to EMS and to be faxed to the receiving facility as directed. Vascular and Interventional Specialists of Alabama staff will provide a verbal report and copies of applicable patient records, up-to-date labs, med list, face sheet, insurance, and personal identification.

- d) Assume responsibility for the delivery of transferred patients' personal effects, money, and any other items brought with them to Vascular and Interventional Specialists of Alabama.
  - e) Inform the attending physician and leadership for quality assurance consideration in the event problems arise in the planning for patient transfer or actual patient transfer.
6. Consult with the patient and/or family about the patient's condition and the need for the patient's transfer from Vascular and Interventional Specialists of Alabama to another healthcare facility, and confirm that all pertinent documentation is provided to the receiving facility.
7. Properly update the patient medical record with the transfer details.
- a) Reason for transfer
  - b) Patient condition, level of consciousness, condition of procedure site/dressing, pain level, clinical assessment and prognosis
  - c) Transfer vital signs, airway patency, and location of any tubes/drains
  - d) Post-procedure notes and assessment
  - e) Pertinent diagnostic tests and results
  - f) Transfer medications/allergies and responses, treatments, and fluids provided
  - g) Any adverse metabolic or musculoskeletal reaction to anesthesia, medications, or procedure
  - h) Name of the receiving facility physician or contact who confirmed capacity to accept the transfer.
  - i) Instructions provided to patient and/or family, and a statement regarding the patient and/or authorized representative's understanding of the instructions provided.
8. Vascular and Interventional Specialists of Alabama clinical staff to complete post-transfer follow-up to:
- a) Obtain treatment reports, test results, and any post-transfer patient status from the receiving facility to update the Attending Physician and the patient's medical record.
  - b) Make and document verbal and/or written contact after the patient's transfer to monitor the outcomes of the patient transfer plan, serve as an ongoing resource for the patient and/or referral source in obtaining follow-up support services, and facilitate the ongoing Vascular and Interventional Specialists of Alabama /provider relationship with the patient. Vascular and Interventional Specialists of Alabama clinical staff to:
    - i. Discuss the patient's transfer status based on the post-transfer status received.
    - ii. Ascertain if the patient and/or family encountered any problems with the transfer.
      - If yes, understand what is needed to resolve and/or prevent the identified problems; implement corrective action as appropriate. And communicate findings to leadership in follow-up to the incident report and for quality assurance considerations.

**Monitoring and Compliance: This policy must be included in Physician and Clinical Staff training. Monitoring patient transfers is part of the incident reporting and peer review policies and procedures.**

**DEFINITIONS:** For purposes of this policy,

Clinical Staff – Patient care staff involved in the care and treatment of patients, including but not limited to Registered nurses (RN), Medical Assistants (MA), Nurse Technicians, Radiologic Technologists, Cardiovascular Technologists, Cardiovascular Sonographers, etc.

Provider – Includes:

Physicians - Credentialed or employed Doctor of Medicine, Doctors of Osteopathy, or doctors otherwise licensed as physicians in the State where the procedure is performed.

Advanced Practice Professionals (APP) - Individuals who hold a valid license or certificate under State law (the location where the procedure is performed) and are credentialed or employed to perform procedures and provide care, treatment, and services to patients while working independently in collaboration, or under the supervision of a physician; and are recognized by Vascular and Interventional Specialists of Alabama as an Advanced Practice Professional.

**EXHIBITS:** N/A

**RELATED POLICIES:**

- Practitioner Credentialing and Training Policies
- Emergency Management Policies
- Incident Reporting and Peer Review Policies

**REFERENCES:**

- Centers for Medicare and Medicaid Services (CMS) Standards for Ambulatory Surgical Centers, Code of Federal Regulations (CFR) Title 42 part §416.41 <https://www.govinfo.gov/content/pkg/CFR-1996-title42-vol2/pdf/CFR-1996-title42-vol2-part416.pdf>
- Centers for Medicare and Medicaid Services (CMS) State Operations Manual [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_1\\_ambulatory.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_1_ambulatory.pdf)
- American Association for Accreditation of Ambulatory Facilities (Quad A), *Procedural Standards v5.2 dated February 2023*.

**REVIEWERS:** [Input Name, Title]

**APPROVER:** [Input Name, Title, Signature, Date]