Start of Block 1: Introduction

OHP STANDARDS — CONSULTATION

The College of Physicians and Surgeons of Ontario (CPSO) administers the Out-of-Hospital Premises Inspection Program (OHPIP) which develops and maintains standards for the provision of procedures performed in Ontario out-of-hospital premises (OHPs) and inspects and assesses such premises for safety and quality of care. In keeping with the CPSO's focus on continuous improvement, the program and associated *Standards* are being reviewed to identify potential opportunities for improvement and modernization.

As part of this review, CPSO has developed ten new draft *Standards*, which set out expectations for practising in an OHP.

Many of the draft standards also have a companion *Advice to the Profession* documents (*Advice*) which clarify and further explain the draft *Standards* and answer frequently asked questions.

We are inviting feedback at this stage to help inform future revisions to the draft *Standards* and *Advice* documents.

The following survey will ask you questions about issues related to the *Standards*. It will take approximately **20—25 minutes** to complete, depending on how many of the draft standards you would like to provide feedback on. You will be able to pause during the survey and restart at a later time if you wish.

If you would like to review the survey in advance, you can download a copy here.

All survey responses will be reviewed and considered in light of CPSO's mandate to protect the public, and a summary of the results will be posted online following the close of the consultation. The identity of all individual respondents will be kept strictly confidential.

Your feedback will be anonymous.

Page Break

Are you a:

- ○ **Physician (including retired)**
- ○ **Medical student**
- ○ **Member of the public**
- ○ **Other health care professional (including retired)**
- ○ **Organization**
- ○ **Prefer not to say**

Page Break

*

Please tell us which organization you are responding on behalf of:

_____

_____

_____

_____

_____

Page Break

Do you live in:

- ○ **Ontario**
- ○ **Rest of Canada**
- ○ **Outside of Canada**
- ○ **Prefer not to say**

End of Block 1: Introduction

Start of Block 2: Demographics

As part of CPSO's commitment to equity, diversity, and inclusion (EDI), we are collecting demographic information about those engaging with our policy development process.

This is aligned with Ontario's Data Standards for the Identification and Monitoring of Systemic Racism which aim to establish consistent, effective practices for data collection to support evidence-based decision-making to help eliminate systemic racism and promote racial equity.

The demographic questions that follow are voluntary, anonymous, and will be kept strictly confidential. We encourage you to answer these demographic questions, however this is optional.

Would you like to complete these demographic questions?

- ○ **Yes**
- ○ **No**

Page Break

Gender refers to the gender that a person internally feels. A person's current gender may or may not differ from the sex a person was assigned at birth and may differ from what is indicated on their current legal documents. A person's gender may change over time.

What is your gender? Please select all that apply:

- ☐ **Man**
- ☐ **Woman**
- ☐ **Non-binary: _____**
- ☐ **Transgender**
- ☐ ⊗ **I prefer not to answer**

Page Break

Indigenous Peoples are those who identify as members of First Nations, Inuit, or Métis communities in Canada.

Based on this description, do you self-identify as an Indigenous person? Please select all that apply:

- ☐ **Yes, First Nations**
- ☐ **Yes, Métis**
- ☐ **Yes, Inuit**
- ☐ ⊗ **No**
- ☐ ⊗ **I prefer not to say**

Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.

Examples include: Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishinaabe, Ojibway, Mi'kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.

What is your ethnic or cultural origin(s)?

- ○ **Open-ended response: _____**
- ○ **I prefer not to say**

In our society, people are often described by their race or racial background. For example, some people are considered "White," "Black," or "East/Southeast Asian," etc. These categories reflect how people generally understand and use race as a social descriptor in Ontario.

Which of the following represents your race(s)? Please select all that apply:

- ☐ **Black (African, African-Canadian, Afro-Caribbean)**
- ☐ **East or Southeast Asian (Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, Thai, Vietnamese, etc.)**
- ☐ **Latino (Latin-American or Hispanic descent)**
- ☐ **Middle Eastern (Arab, Persian, or West Asian descent, e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish, etc.)**
- ☐ **South Asian (Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)**
- ☐ **White (European descent)**
- ☐ **Not listed: _____**
- ☐ ⊗ **I prefer not to say**

Page Break

LGBTQ2S+ is an abbreviation which represents a broad array of identities including, but not limited to, lesbian, gay, bisexual, transgender, queer, and two-spirit.

Do you consider yourself to be LGBTQ2S+?

- ○ **Yes**
- ○ **No**
- ○ **I prefer not to answer**

Page Break

The term disability covers a broad range and degree of conditions, some of which are visible and some invisible. A disability may have been present at birth, caused by an accident or developed over time. Disabilities may also be permanent, temporary or episodic.

Do you identify as person with a disability?

- ○ Yes
- ○ No
- ○ I prefer not to answer

End Block 2: Demographics

Start of Block 3: OHPs

Do you work in an OHP?

- ○ **Yes**
- ○ **No**

What is your role at the OHP?

- ○ **Medical Director**
- ○ **Physician practising in an OHP**
- ○ **Nurse**
- ○ **Other: _____**

What types of procedures are performed in your OHP?

Please choose all that apply:

- [ ] **Cosmetic procedures**
- [ ] **Endoscopy/Colonoscopy**
- [ ] **Interventional pain management**
- [ ] **Fertility services**
- [ ] **Abortion services**
- [ ] **Ophthalmology**
- [ ] **Other: _____**

Page Break

General Program

The current standards are captured in one document and include details about elements of the program such as categorization of facilities by levels, and the scope of the program (procedures that are and are not captured by the Regulation). The following questions are intended to obtain feedback about changes to the broader approach to the *Standards* and elements of the program more generally from respondents who work in OHPs and are familiar with elements of the current program.

OHPIP Program Overview

A companion document titled 'OHPIP Program Overview' sets out general details about the program, the legislative framework, and details about the inspection regime.

***Optional*: Please feel free to provide any comments about the draft *OHPIP Program Overview*. For example, is the draft clear and comprehensive? Are there any aspects of the program that are not addressed that should be? If so, what are they?**

_____

_____

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Page Break

Scope of Program

As set out in provincial legislation, CPSO is responsible for inspecting premises that administer general and regional anesthetic, parenteral sedation, and some procedures requiring local anesthetic. Efforts have been made in the draft '*OHPIP Program Overview*' document to clarify the scope of the program by providing more plain language examples of the procedures that would be captured, including:

- A procedure using tumescent anesthesia
- A nerve block for chronic pain
- A cosmetic procedure involving the alteration or removal of tissue, or
- A cosmetic procedure where a substance or material (including tissues from the patient's own body i.e., autologous tissue) is injected or inserted into a patient.

The draft *OHPIP Program Overview* document also sets out the types of procedures performed with local anesthetic that are not captured by the Program, including:

- A minor dermatological procedure such as the removal of skin tags, benign moles, and cysts
- A procedure involving the alteration or removal of tissue where done for clinical and not cosmetic reasons
- Procedures using only an external topical anesthetic (e.g., Lasik eye surgery)

The draft document also specifies that minor cosmetic procedures that do not require local anesthetic (e.g., Botox, sclerotherapy) are not captured by the Program.

Please state your level of agreement or disagreement with the following statements related to the scope of the OHPIP:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree

It is clear from the description above which procedures fall under the OHPIP.	○	○	○	○	○
It is clear from the description above which procedures do not fall under the OHPIP.	○	○	○	○	○

Optional: **Please feel free to elaborate on your answer above and tell us about any challenges or difficulties you have had determining which procedures fall under the OHPIP, or provide any other comments you may have about the scope of the procedures falling under the OHPIP.**

Please tell us how we can better clarify the scope of the program:

_____

_____

_____

_____

_____

Page Break

Categorizing Premises Based on Levels (e.g., risk)

OHPs are currently classified by levels which are determined by the type of procedures done in the premises and the type of anesthesia used.

The draft *Standards* no longer refer to levels of facilities and instead set out general principled expectations that apply broadly to all OHPs, with specific expectations for those that administer general or regional anesthesia or sedation, where appropriate.

Please state your level of agreement or disagreement with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The new approach (removal of the levels) improves clarity of the *Standards*.	○	○	○	○	○
It is important to continue to categorize premises by levels.	○	○	○	○	○

***Optional*: Please feel free to elaborate on your answers above. For example, if you feel that it is important to continue to categorize premises based on levels, please tell us why. If you prefer the new approach (removal of the levels) please tell us why:**

_____

_____

_____

_____

_____

End of Block 3: OHPs

Start of Block 4: All Respondents

Draft OHP Standards

The following questions will ask you about the *draft OHP Standards*. You will have an opportunity to choose which of the ten draft *Standards* (outlined in the diagram below) you would like to provide feedback on.

We understand that there are many sections that make up the new draft *Standards* and we want to give you the opportunity to weigh in on all of them.

In order to respond to many of the questions and provide feedback you will generally need to

have read the draft *Standards*, which can be found here.

Redesign: Layout and Format

The process of updating the *Standards* has resulted in significant structural changes to the layout of the *Standards* and how the expectations are articulated. For example, there has been a move away from one single long, dense and detailed document, to a set of ten separate, succinct, standalone documents that aim to more clearly convey the expectations of OHPs and the members who work within them.

Please identify the extent to which you agree or disagree that the re-designed format has resulted in improved clarity of the *Standards*:

- ○ **Strongly agree**
- ○ **Somewhat agree**
- ○ **Neither agree nor disagree**
- ○ **Somewhat disagree**
- ○ **Strongly disagree**

***Optional:* Please feel free to elaborate on your answer above and provide any comments about the re-designed approach to the draft *Standards*:**

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End of Block 4: All Respondents

Start of Block 5: Co-operation with the OHPIP

Co-operation with the OHPIP

The *Co-operation with the OHPIP* draft *Standard* identifies and articulates expectations of Medical Directors related to reporting any OHP changes to CPSO, the inspection process and the completion of a declaration of responsibilities. This draft *Standard* emphasizes the importance of providing accurate and timely information to CPSO when required and the consequences for failure to comply with Program requirements.

Do you want to provide feedback on this *Standard*?

- ○ **Yes**
- ○ **No**

Co-operation with the OHPIP

The draft *Standard* requires that Medical Directors notify CPSO in writing where there is an intention to make certain changes to the OHP (e.g., changes in ownership, address, the Medical Director, types of OHP procedures performed in the facility, structural changes to patient care areas, etc.) (See Provisions 10 & 11 for a full list of the reporting requirements).

Please indicate the extent to which you agree or disagree with the following statements related to the reporting obligations:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is clear which changes to the OHP need to be reported to CPSO.	○	○	○	○	○
It is clear when new types of procedures need to be reported to CPSO.	○	○	○	○	○

Optional: **Please feel free to elaborate on your answers above or provide any other general comments about the draft *Co-operation with the OHPIP Standard*:**

_____

_____

_____

_____

_____

End of Block 5: Co-operation with the OHPIP

Start of Block 6: Medical Director

Medical Director

Given the important role of the Medical Director in an OHP, this draft *Standard* significantly elevates the role of the Medical Director by setting out new requirements relating to both eligibility and responsibility. In particular, the draft *Standard* sets out: additional criteria to hold the position of a Medical Director, new responsibilities related to credentialing and ensuring staff competence, and new expectations related to supervision and the frequency that Medical Directors must be on site to fulfil their duties.

Do you want to provide feedback on this draft *Standard*?

- ○ **Yes**
- ○ **No**

Medical Director

Eligibility and Qualifications:

Please indicate the extent to which you agree or disagree with the following statements related to the draft *Medical Director Standard*:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is important to have eligibility criteria / qualifications to hold the position of a Medical Director.	○	○	○	○	○
The draft *Standard* captures the right criteria to hold the position of a Medical Director in an OHP.	○	○	○	○	○
It is clear when a physician would not be able to hold the position of Medical Director.	○	○	○	○	○

Ensuring Competence and Appropriate Supervision:

Please indicate the extent to which you agree or disagree that physicians acting as Medical Directors should be responsible for the following in an OHP:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Credentialing of staff and ensuring staff competence.	○	○	○	○	○
Supervision of staff.	○	○	○	○	○
Taking appropriate action where there are concerns about the conduct or care of staff practising in the OHP.	○	○	○	○	○
Quality of care provided in the OHP.	○	○	○	○	○

Please indicate the extent to which you agree or disagree with the following statements related to the draft *Medical Director Standard*:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is clear which steps should be taken when credentialing and ensuring staff competence.	○	○	○	○	○
It is clear when it would be inappropriate to hire someone to work in an OHP.	○	○	○	○	○
It is important that Medical Directors are onsite at least once per month to oversee the OHP.	○	○	○	○	○

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Overall, the draft *Medical Director Standard* sets out reasonable expectations of an OHP Medical Director.	○	○	○	○	○
Overall, the responsibilities of the Medical Director are clear.	○	○	○	○	○

Appointment of an Acting Medical Director:

The draft *Medical Director Standard* requires that Medical Directors ensure that whenever they are unable or unavailable to perform all of their duties they have designated another physician

practising in the OHP to do so. It additionally requires that where Medical Directors plan to take an extended leave of absence or are unable to fulfill the duties of their role for an extended period of time (i.e., greater than one month) they inform CPSO who will then determine whether an Acting Medical Director needs to be appointed.

Please indicate the extent to which you agree or disagree with the following statements related to appointment of an Acting Medical Director:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is clear when a Medical Director would need to have a physician practising in the OHP fulfill their duties and responsibilities vs. when an Acting Medical Director may need to be appointed.	○	○	○	○	○
It is reasonable to require CPSO notification / appointment of an Acting Medical Director for absences longer than one month.	○	○	○	○	○

OHP Staff Qualifications:

Who should hold current Advanced Cardiac Life Support (ACLS) certification in an OHP that perform procedures where regional or general anesthesia or sedation is administered?

Please select all that apply:

☐ **All nurses who monitor or recover patients from anesthesia or sedation**

☐ **All non-anesthesiologists who administer anesthesia or sedation (e.g., family physicians who have undergone a change of scope in order to be able to**

provide anesthesia or sedation)

☐ **All physicians who administer anesthesia or sedation (e.g., anesthesiologists and family physicians practising in anesthesiology)**

☐ ⊗ **None of the above**

☐ **Other (please specify):**

_____

Appendix B to the draft *Medical Director Standard* sets out a list of the OHP policies and procedures (P&P), which must be regularly reviewed, updated, and implemented in an OHP.

Optional: **Do you have any feedback about the appendix? For example, are there are any issues or P&P not captured that should be? Are there any P&P in the list that are unnecessary?**

_____

_____

_____

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_____

Optional: **Please feel free to elaborate on your answers above or provide any other general comments about the draft *Medical Director Standard*:**

_____

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End of Block 6: Medical Director

Start of Block 7: Physicians Practising in the OHP

Physicians Practising in the OHP

This draft *Standard* articulates core and existing expectations of physicians practising in OHPs and for clarity and ease of reference, captures them all in one standalone *Standard* (e.g., practising within their scope of practice, complying with policies and standards, meeting the standard of care, etc.).

Do you want to provide feedback on this *Standard*?

- ○ **Yes**
- ○ **No**

Physicians Practising in the OHP

***Optional:* Please feel free to provide any comments about the draft *Physicians Practising in OHPs Standard*. For example, does the draft clearly set out expectations regarding physicians practising in OHPs? Are there any issues not addressed that should be? If so, what are they?**

_____

_____

_____

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_____

End of Block 7: Physicians Practising in the OHP

Start of Block 8: Physical Space

Physical Space

The draft *Physical Space Standard* predominantly retains existing requirements of OHPs related to the general OHP's physical space, the procedure room or operating room, and the recovery

area, with updates made to enhance clarity.

Do you want to provide feedback on this draft *Standard*?

- ○ **Yes**
- ○ **No**

Physical Space

***Optional:* Please feel free to provide any comments about the draft *Physical Space Standard*. For example, does the draft clearly set out expectations regarding an OHPs physical space? Are there elements of the physical space not addressed that should be? If so, what are they?**

_____

_____

_____

_____

_____

End of Block 8: Physical Space

Start of Block 9: Drugs and Equipment

Drugs and Equipment

The current approach of articulating a specific and detailed list of drugs and/or equipment that must be on the premises has been updated. Instead, the draft *Drugs and Equipment Standard* generally focuses on articulating the events, conditions, or scenarios that need to be appropriately managed, with a short list of required drugs that every OHP must have on site. The updated approach is intended to allow for some flexibility with respect to required drugs and equipment, with additional details about specific drugs that can treat each condition included in an *Advice* document.

Do you want to provide feedback on this draft *Standard*?

- ○ **Yes**
- ○ **No**

Drugs and Equipment

Please indicate the extent to which you agree or disagree with the following statements related to the draft *Drugs and Equipment Standard*:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
All of the right conditions have been captured in the draft *Standard*.	○	○	○	○	○
The draft *Standard* captures all of the appropriate drugs that every OHP should have onsite.	○	○	○	○	○
Some flexibility with respect to the types of drugs that must be on site is appropriate.	○	○	○	○	○

***Optional:* Please feel free to elaborate on your answers above or provide any other general comments about the draft *Drugs and Equipment Standard*. For example, are there any conditions, drugs and/or equipment not captured in the draft *Standard* that should be? Are there any included that should not be?**

_____

End of Block 9: Drugs and Equipment

Start of Block 10: Patient Selection

Patient Selection

Patient selection is a crucial component of ensuring procedures performed in an OHP are safe. The appropriateness of performing a procedure in the OHP setting depends on ensuring that the proposed procedure can be performed safely for that particular patient and their particular circumstances. A new draft *Standard* has been created to address this issue which sets out general selection considerations, and additional guidance to evaluate the appropriateness of treating patients who are higher risk (i.e., ASA 3 patients).

Patient Selection

Please indicate the extent to which you agree or disagree with the following statements related to the draft *Patient Selection Standard*:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The draft *Standard* provides important guidance regarding patient selection.	○	○	○	○	○
The draft *Standard* includes the right considerations to help determine when a patient can be appropriately treated in an OHP setting.	○	○	○	○	○
It is clear from the draft *Standard* which patients can be appropriately treated in an OHP.	○	○	○	○	○

The draft *Standard* provides sufficient guidance to help determine when it is appropriate to treat ASA 3 patients in an OHP.	○	○	○	○	○

Optional: Please feel free to elaborate on your answers above or provide any other general comments about the draft *Standard*. For example, are there any considerations regarding patient selection not captured in the draft *Standard* that should be? Are there any considerations included that should not be?

_____

_____

_____

_____

_____

End of Block 10: Patient Selection

Start of Block 11: Procedures

Procedures

The draft *Procedures Standard* has been significantly revised from the current *Standards* which are very clinical and prescriptive in regard to managing patient care. The draft standard sets out principled expectations and references existing clinical practice guidelines (CPGs) and resources where they exist, including the Canadian Anesthesiologists' Society Guidelines to the Practice of Anesthesia, the Peri-Anesthesia Nursing Standards, the Canadian Pediatric Society's Recommendations for procedural sedation in infants, children, and adolescents and the Surgical Safety Checklist.

Do you want to provide feedback on this draft *Standard*?

○ **Yes**

○ **No**

Procedures

Please indicate the extent to which you agree or disagree with the following statements related to the draft *Procedures Standard*:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The draft *Standard* provides sufficient guidance about appropriate management of patient care in an OHP.	○	○	○	○	○
The draft *Standard* refers to the right external CPGs and resources.	○	○	○	○	○

The draft *Standard* requires that when a patient is being discharged after general or regional anesthesia or sedation a physician must write the discharge order for a patient, and direct that the discharge summary be distributed to the patient's primary care provider, if there is one and, the patient has provided consent.

Given the nature of some of the procedures performed in an OHP, is it important that patient consent be obtained prior to a discharge order being sent to a patient's primary care provider?

- ○ Yes
- ○ I don't know
- ○ No

***Optional:* Please feel free to elaborate on your answers above or provide any other general comments about the draft *Procedures Standard*. For example, are there any other guidelines or resources that should be referred to?**

End of Block 11: Procedures

Start of Block 12: IPAC

Infection Prevention and Control (IPAC)

The draft *IPAC Standard* requires compliance with Public Health Ontario's (PHO) Infection Prevention and Control for Clinical Office Practice guidelines with expectations to help articulate how to do so.

Do you want to provide feedback on this draft *Standard*?

- ○ **Yes**
- ○ **No**

Infection Prevention and Control (IPAC)

***Optional:* Please feel free to provide any comments about the draft *IPAC Standard*. For example, does the draft set out clear and sufficient guidance regarding IPAC? Are there any issues related to IPAC that are not addressed in the draft *Standard* that should be?**

End of Block 12: IPAC

Start of Block 13: Adverse Events

Adverse Events

The draft *Adverse Events Standard* captures expectations related to adverse events preparation, management, documentation, reporting, as well as analyzing and learning from adverse events.

Do you want to provide feedback on this draft *Standard*?

- ○ **Yes**
- ○ **No**

Adverse Events

The draft *Standard* defines “adverse event” as:

An incident that has resulted in harm to the patient as a result of the care provided in the OHP (also known as a “harmful incident”)

The draft *Advice* retains the existing examples of reportable events, including for example:

- death within the premises;
- death within 10 days of a procedure performed at the premises;
- any procedure performed on the wrong patient, site, or side; or
- transfer of a patient from the premises directly to a hospital for care.

Please indicate the extent to which you agree or disagree with the following statements related to adverse events:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The definition of adverse event is clear.	○	○	○	○	○

The draft *Standard* and *Advice* clearly articulate which events must be reported to CPSO.	○	○	○	○	○

The draft *Adverse Events Standard* requires that OHPs have a formalized transfer agreement with a local hospital in the event of an emergency.

Please state how important you feel this expectation is in order to ensure patient safety:

- ○ **Very important**
- ○ **Somewhat important**
- ○ **Neither important nor unimportant**
- ○ **Somewhat unimportant**
- ○ **Unimportant**

Optional: **Please feel free to elaborate on your answer above. For example, if you feel that OHPs should or should not have a formalized transfer agreement with a local hospital please tell us why:**

_____

_____

_____

_____

_____

Optional: **Please feel free to provide any other general comments about the draft *Adverse Events Standard*. For example, are there issues related to adverse events that are not addressed in the draft that should be? If so, what are they?**

For review only. Surveys must be completed and submitted online.

End of Block 13: Adverse Events

Start of Block 14: Quality Assurance

Quality Assurance

The draft *Quality Assurance Standard* captures expectations related to quality assurance, with an overarching expectation/principle that Medical Directors must create a culture of safety and quality within the OHP. The draft *Standard* includes additional expectations related to ensuring relevant and required continuing professional development (CPD) is done and holding periodic staff meetings to address adverse events, near misses, etc.

Do you want to provide feedback on this draft *Standard*?

- ○ **Yes**
- ○ **No**

Quality Assurance

***Optional:* Please feel free to provide any comments about the draft *Quality Assurance Standard*. For example, does the draft set out clear and sufficient guidance regarding quality assurance? Are there any issues related to quality assurance or practices that you feel are important to employ in an OHP that are not addressed in the draft *Standard* that should be?**

End of Block 14: Quality Assurance

Start of Block 15: Overall

Draft OHP Standards: Overall

The draft *OHP Standards* and companion documents outline core requirements for the performance of specific procedures using anesthesia and/or sedation in OHPs.

Please indicate the extent to which you agree or disagree with the following statements about the draft *OHP Standards*:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The draft *Standards* are easy to understand.	○	○	○	○	○
The draft Standards set reasonable expectations for OHPs.	○	○	○	○	○
The draft *Standards* support the delivery of high quality care in OHPs.	○	○	○	○	○
The draft *Standards* address areas of most significant risk.	○	○	○	○	○

Optional: **Please feel free to elaborate on your answers above.**

_____

_____

_____

Optional: **If you work in an OHP, would any of the draft *Standards* create any problems or challenges in your OHP? If so, please explain:**

_____

_____

_____

_____

_____

Optional: **Is there any aspect of an OHP that the *Standards* do not sufficiently address (e.g., areas that hold risk or that would benefit from additional guidance)?**

_____

_____

_____

_____

_____

Optional: **If you have any additional comments that you have not yet provided, please provide them below, by email, or through our online discussion forum:**

_____

_____

_____

_____

For review only. Surveys must be completed and submitted online.

End of Block 15: Overall