

26.1 Operation of Non-Hospital Treatment Facilities in the Province of Saskatchewan

- (a) The following bylaw has been developed to ensure the provision of quality patient care in non-hospital treatment facilities. This bylaw sets out conditions that must exist in a non-hospital treatment facility which is subject to the terms of this bylaw to allow a physician to:
 - (i) perform procedures in that facility; or
 - (ii) provide anaesthesia procedures in that facility; or
 - (iii) refer patients to that facility.
- (b) Treatment facilities themselves are acknowledged to be outside the jurisdiction of the College. The standards established in this bylaw must, however, be met by a non-hospital treatment facility for a physician to have a professional relationship with the facility.
- (c) In this bylaw:
 - (i) the terms “deep”, major”, and “complicated” refer to procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the appropriate location for these surgical procedures in accordance with the resources necessary for unexpected complications and with generally accepted standards of care in Saskatchewan;
 - (ii) "Certificate of approval" means a certificate granted by the council indicating that the facility meets the standards for procedures set forth herein, and which specifies a time period and any conditions of such approval;
 - (iii) "Committee" means the Health Care Facility Credentials Committee of the College of Physicians and Surgeons of Saskatchewan;
 - (iv) “Critical incident” means an incident that occurs in a facility and is listed or described as a critical incident in the **Saskatchewan Critical Incident Reporting Guideline, 2004** published by the department of health, as amended from time to time, or any subsequent edition of the Saskatchewan Critical Incident Reporting Guideline
 - (v) "Director" means the member who is appointed pursuant to Sections (i), (j) and (k) of this bylaw;
 - (vi) "Facility" means a non-hospital facility for the performance of medical/surgical procedures;
 - (vii) "Physician" means a person licensed to practise medicine in Saskatchewan;
 - (viii) "Procedure" means the medical/surgical procedures carried out in the facility.
 - (ix) "Assisted Reproduction Technology Procedures" mean the following:
 1. controlled ovarian hyperstimulation, other than through the use of clomiphene
 2. intrauterine insemination
 3. therapeutic donor insemination
 4. oocyte retrieval
 5. in vitro fertilization and embryo transfer
 6. intracytoplasmic sperm injection
 7. embryo cryopreservation
 8. oocyte donation
 9. gestational surrogacy
 10. procedures which are necessary for preimplantation genetic diagnosis or screening, including blastomere and trophectoderm biopsy.

- (x) "Assisted Reproduction Technology Facility" means a facility in which one or more Assisted Reproduction Technology Procedures are performed.
- (d) A physician shall not perform the following procedures in a non-hospital treatment facility:
- (i) management of major complications such as haemorrhage, organ or organ system failure or metabolic derangement;
 - (ii) post-operative circulatory or respiratory support;
 - (iii) continuous monitoring of vital signs beyond the period of recovery from anaesthetic;
 - (iv) procedures under general anaesthetic on patients less than eighteen months of age;
 - (v) procedures on the contents of the retroperitoneal space;
 - (vi) procedures on the contents of the cranium;
 - (vii) procedures on the contents of the thorax;
 - (viii) any procedure lacking the approval of the Council for that facility.
- (e) a non-hospital treatment facility is one in which any of the following are performed:
- (i) the use of drugs which are intended or which may induce general anaesthesia or sedation requiring the monitoring of vital signs, including all uses of intravenously administered sedatives or narcotics, except in emergency circumstances;
 - (ii) the use of drugs by injection which are intended or may induce a major nerve block, or spinal, epidural, or intravenous regional block;
 - (iii) surgical and diagnostic procedures with risk of bleeding from major vessels, gas embolism, perforation of internal organs and other life-threatening complications or requiring sterile precautions to prevent blood-borne, deep, closed cavity or implant-related infections;
 - (iv) Hyperbaric oxygen therapy;
 - (v) Cardiac exercise stress testing;
 - (vi) Hemodialysis;
 - (vii) one or more Assisted Reproduction Technology Procedures.
- (f) without limiting the generality of the foregoing, a non-hospital treatment facility is one in which any of the following surgical or endoscopic procedures are performed:
- (i) DERMATOLOGY
 1. Liposuction to a maximum of five (5) litres total aspirate
 2. Lipolysis by percutaneous application of any form of energy
 3. Mohs micrographic surgery
 - (ii) GENERAL SURGERY
 1. Upper gastrointestinal endoscopy with or without biopsy
 2. Colonoscopy with or without biopsy or minor polypectomy
 3. Simple mastectomy
 4. Segmental resection of breast and sentinel node biopsy
 5. Resection of large or deep soft tissue lesions
 6. Deep lymph node biopsies – up to but not including full axillary dissection
 7. Inguinal hernia repair, including femoral

8. Minor abdominal wall hernia repair, including umbilical hernia repair
9. Varicose vein ligation and stripping
10. Hemorrhoidectomy beyond simple single excision
11. Trans-anal excision of rectal polyps
12. Laparoscopic procedures
 - Diagnostic
 - Biopsies – peritoneal
 - Laparoscopic Adjustable Gastric Band procedures
13. Endovenous laser sclerotherapy

(iii) GYNAECOLOGY

1. Perineoplasty not requiring extensive dissection
2. Marsupialization of Bartholin cysts
3. Cervical, vaginal and vulvar polypectomy and biopsy with risk of bleeding requiring surgical control
4. Dilatation and curettage of uterus
5. Trans-cervical global endometrial ablation procedures except those performed by resection or by electrocautery that does not have impedance regulation
6. Cystoscopy
7. Minimally invasive incontinence procedures: injectables, percutaneous slings
8. Laparoscopy with minor surgical interventions:
 - Diagnostic
 - Tubal sterilization
 - Aspiration of cysts
 - Minor adhesiolysis
 - Diathermy for endometriosis (AFS Stages I and II)
 - Abortions
9. Tumescant anterior and posterior vaginal repair

(iv) OPHTHALMOLOGY

1. Intra-ocular surgery requiring dissection of the tissues of the globe including procedures on:
 - the cornea (including ring segment implants, keratotomies, LASIK and corneal transplant)
 - the lens and implants
 - the iris
 - the sclera
 - the vitreous
2. Eyelid procedures requiring implants or dissection of the orbital septum or beyond.
3. Lacrimal procedures requiring incision into the nasal passages.

4. Orbital and socket procedures not associated with risk of intracranial or neurovascular complications, including:
 - orbital tumor excision
 - insertion of an implant
 - enucleation/evisceration with or without implant
 - socket reconstruction requiring implant, transplant or exposure of bone, other than Minor anterior orbital procedures
5. Strabismus procedures
6. Rheopheresis

(v) ORTHOPEDIC SURGERY

1. ARTHROSCOPY
 - diagnostic
 - repair and reconstruction of ligaments
 - meniscectomy, meniscal repair and arthroplasty
 - excision meniscal cysts, loose bodies and foreign bodies
2. AMPUTATION
 - finger through MCP or IP joints, hand
 - toe – through TP or IP joints foot
 - single ray amputation hand or foot
3. ARTHRODESIS
 - hand and wrist
 - foot and ankle
4. ARTHROPLASTIES
 - acromio-clavicular and sterno-clavicular joints
 - radial head arthroplasty
 - wrist and hand joints
 - foot
5. OSTEOTOMIES
 - hand/wrist/foot/ankle
6. REPAIR RECURRENT DISLOCATION/LIGAMENT RECONSTRUCTION
 - shoulder
 - elbow
 - wrist
 - hand
 - knee
 - ankle and foot
7. TENDONS OR MUSCLES – REPAIR/TRANSPLANT/TRANSFER

- transfers repairs and transplants at or distal to elbow or knee
 - decompression/repair rotator cuff at shoulder
8. FASCIA/TENDON SHEATH
- plantar fasciotomy/fasciectomy of hand or foot
 - release or excision Dupuytren's contracture
 - excision of minor hand tumors including ganglions
 - carpal tunnel release
 - excision tendon sheaths: wrist, forearm or hand
9. ARTHROTOMY/SYNOVECTOMY
- shoulder
 - elbow
 - wrist and hand
 - knee
 - ankle and foot
 - excision Baker's cyst
10. EXCISION BURSAE & GANGLION
11. MUSCULO-SKELETAL TUMORS
- biopsy of peripheral tumors
 - needle biopsy only of tumors of the spine
 - excision of minor tumors
12. DISLOCATIONS
- open reduction acromio-clavicular joint
 - closed or open reduction of joints of upper extremity
 - closed reduction of dislocated total hip
 - closed or open reduction of patello-femoral joint
 - closed or open reduction of ankle, hindfoot, midfoot or forefoot
13. FRACTURES: UPPER EXTREMITIES
- closed and open reduction clavicle, humerus, radius/ulna, wrist and hand
 - closed reduction of scapula
14. FRACTURES: LOWER EXTREMITIES
- closed and open reduction of patella, fibula, ankle and foot
 - closed reduction of tibia
15. OTHER
- single level lumbar discectomy and/or decompression – uncomplicated
 - procedures listed under podiatric surgery
 - removal of hardware including plates, pins, screws, nails and wires

- peripheral nerve surgery – repairs, decompression or grafts
- saucerization
- sequestrectomy
- joint manipulation under general anesthesia or intravenous sedation
- harvesting of bone graft

16. EXTENDED STAY PROCEDURES

- Hip arthrotomy and primary arthroplasty (including total joint replacement)
- Knee arthrotomy and primary arthroplasty – (including total joint replacement)
- Tibial osteotomy
- Shoulder arthrotomy and primary arthroplasty – (including total joint replacement)
- Lumbar posterior spinal fusion – not exceeding two disc-space levels
- Lumbar spinal laminectomy – not exceeding two disc-space levels
- Ankle arthrotomy and primary arthroplasty (including total joint replacement)

(vi) OTOLARYNGOLOGY

1. Deep biopsy of the nasopharynx
2. Deep excision of intraoral papilloma
3. Major excision of lip, nasal, ear or neck lesions
4. Lip shave procedures
5. Major partial glossectomy limited to anterior 2/3 of tongue
6. Adenoidectomy
7. Rigid laryngoscopy
8. Rigid trans-oral nasopharyngoscopy
9. Complete esophagoscopy – flexible only
10. Complete bronchoscopy – flexible only
11. Caldwell Luc procedure
12. Intranasal antrostomy
13. Intranasal complete ethmoidectomy
14. Turbinate resection
15. Sphenoidotomy
16. Nasal septum reconstruction
17. Nasal septum submucous resection
18. Nasal polypectomy in conjunction with complete ethmoidectomy
19. Rhinoplasty
20. Complicated nasal fractures
21. Biopsies of the parotid beyond needle aspiration or sampling the tail of the gland
22. Excision of submandibular gland

23. Excision of sublingual gland
24. Otoplasty
25. Complicated myringoplasty
26. Dissection of neck beyond the platysma muscle
27. Deep cervical node biopsy
28. Endoscopic soft-tissue surgery

(vii) PLASTIC SURGERY

1. SKIN AND SUBCUTANEOUS TISSUE

- Excision of deep tumors outside a body cavity requiring exposure of bone or isolation of vascular or nerve supply.
- Grafts, flaps, and tissue expansion where there is a minimal risk of major bleeding or third space fluid loss that may require replacement fluids.
- Liposuction to a maximum of 5 litres total aspirate.
- Lipolysis by percutaneous application of any form of energy

2. HEAD AND NECK

- Grafts and flaps as above except where there is a significant risk of airway compromise requiring post-operative or overnight monitoring.
- Eyelids (blepharoplasty, ptosis repair, tarsorrhaphy, canthopexy, canthoplasty)
- Browlift, facelift (rhytidectomy), necklift
- Nose (SMR, rhinoplasty, turbinectomy, reduction of fractures)
- Ears (otoplasty)
- Genioplasty

3. BREAST

- Reduction mammoplasty
- Augmentation mammoplasty
- Mastopexy
- Mastectomy without chest wall, muscle or axillary node dissection
- Capsulotomy and capsulectomy
- Gynecomastia surgery
- Reconstruction of breast or nipple

4. ABDOMEN

- Repair of abdominal wall hernia
- Abdominoplasty not requiring overnight monitoring of blood or third space fluid loss.

5. OTHERS

- Tendon – repairs, transfers or grafts
- Peripheral nerve – repairs, decompression or grafts

- Muscle – flaps or repairs.
- Fascia – flaps, decompression or excision
- Bone – biopsies, fusions, removal of hardware, excision of exostoses, amputations of digits or rays, open and closed reduction of hand fractures
- Joints – arthrotomy, arthroscopy, arthrodesis, and reductions of hands, wrists, feet and TMJ
- Minor treatment of surgical complications such as hematoma or wound separation

(viii) UROLOGY

1. Inguinal canal surgery
2. Open procedures on scrotal contents
3. Penile procedures up to but not including implants
4. Minor urethral reconstruction, urethral fistula repair and distal hypospadias repair
5. Minimally invasive incontinence procedures, including injectables and percutaneous slings
6. Cystoscopy and ureteroscopy with or without biopsy or minor manipulation of stones or obstruction

(g) A physician shall not perform a procedure in a non-hospital surgical facility unless the procedure is one that will safely allow the discharge of a patient from medical care in the facility within 12 hours of completion of the surgical procedure.

(h) Notwithstanding paragraph (g), the Council may approve the provision of specified surgical procedures at a facility which is approved for that purpose by the Council where patients undergoing such procedures require medically supervised post-operative care exceeding twelve (12) hours.

Medical Director of a Non-Hospital Treatment Facility

- (i) The owner(s) of a non-hospital treatment facility shall cause the appointment of a Director who shall be a member.
- (j) The Director shall be responsible for:
 - (i) the day to day operation of the facility;
 - (ii) instituting and maintaining an adequate quality assurance program;
 - (iii) providing continuous adequate and effective direction and supervision of personnel and the medical service performed;
 - (iv) providing evidence of a satisfactory initial inspection and any subsequent inspection(s) as required by the Council;
 - (v) ensuring that:
 1. the facility maintains the standards in this bylaw of the College of Physicians and Surgeons of Saskatchewan and the standards of any other applicable Provincial and Federal authority;
 2. the procedures employed in the facility are selected and performed in accordance with current accepted medical practice;
 3. a quality assurance procedure manual is developed and maintained for guidance of the medical staff and inspection by the College;

4. all provisions in the on-going quality assurance procedures manual are carried out and proper documentation kept;
 5. the facility complies with legal and ethical requirements for medical records, including access, confidentiality, retention and storage of medical records;
 6. the facility complies with the bylaws and ethical requirements with respect to the propriety and accuracy of advertising, promotion and other marketing activities for medical services provided in the facility;
 7. the owner of the facility does not enter into an agreement whereby the payment of rental consideration for the lease of office space, management services, or for equipment required for the practice of medicine is calculated or based on a percentage of the professional income derived from the practice of medicine;
 8. the fees and expenses to be paid to the College pursuant to this bylaw are paid within the time required, including all fees for any registration, initial or annual, and inspections of the facility;
 9. No procedures are conducted in the facility unless the facility has been granted a subsisting accreditation by the Council;
 10. The facility is eligible for assistance from the Canadian Medical Protective Association with respect to all medical care provided at the facility or the facility maintains insurance coverage with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence against liability from professional negligence in patient care.
 11. The personnel of the facility are familiar with **The Health Information Protection Act** and that the facility will comply with the obligations of a trustee under that Act.
 12. If the facility is an Assisted Reproduction Technology Facility, the facility complies with the standards established by the College for such facilities.
- (vi) informing the College of Physicians & Surgeons of any change or proposed change of Medical Director, ownership, directorship or technical supervision of the facility or qualifications of technical staff;
- (vii) providing notification of any major addition, replacement or modification of any equipment at the facility to the College of Physicians and Surgeons of Saskatchewan.
- (viii) promptly notifying the College of Physicians and Surgeons of Saskatchewan of any critical incident that occurs at the facility, and cooperating with any College investigation of the incident.
- (k) The Physician Director shall ensure that the facility does not:
- (i) establish criteria for referral of patients to the facility other than those required by clinical considerations;
 - (ii) contravene the conflict of interest provisions of the College bylaws;
 - (iii) function to increase its profitability at the expense of sound medical practice;
 - (iv) perform procedures which contravene this bylaw;
 - (v) use unqualified personnel.

Certificates of Approval

- (l) The Director shall apply to the College for a Certificate of Approval, on a form approved by the College, and shall provide the information requested by the College.
- (m) The Director shall, with the application for a Certificate of Approval, pay the fees established by the Council and, in addition, an amount which the College estimates will be sufficient to pay the

expenses incurred by the College for inspections, honoraria to assessors or Committee members, and all other expenses.

- (n) The Committee or its designate may inspect a facility to determine if a Certificate of Approval should be granted to the facility.
- (o) Each Certificate of Approval shall contain an expiry date for the approval.
- (p) At least 60 days prior to the expiry date of the approval, the Director shall apply to the College for renewal of the Certificate of Approval, on a form approved by the College, and shall provide the information requested by the College.
- (q) The Director shall, with the application for renewal of the Certificate of Approval, pay the fees established by the Council and, in addition, an amount which the College estimates will be sufficient to pay the expenses incurred by the College for inspections, honoraria to assessors or committee members, and all other expenses.
- (r) The Committee or its designate may inspect a facility to determine if a renewal of the Certificate of Approval should be granted to the facility.
- (s) Each renewal of the Certificate of Approval shall contain an expiry date for the approval.
- (t) Each Certificate of Approval or renewal of a Certificate of Approval shall state the procedures that may be performed in the facility.
- (u) In deciding whether to grant or refuse a Certificate of Approval, the Council may consider any matter that it considers relevant and, in particular, whether the facility meets the standards expected of a public hospital for the types of procedures intended to be performed at the facility, and whether the facility has provided proof of coverage against liability from professional negligence in patient care
- (u.1) In deciding whether to grant or refuse a Certificate of Approval, if the facility is an Assisted Reproduction Technology Facility, the Council may consider whether the facility complies with the standards established by the College for such facilities.

Granting Physician Privileges

- (v) Physicians desiring privileges to perform procedures in a facility, or to provide care in a facility, or to provide anaesthesia in a facility shall apply in writing to the Director of the facility indicating the specific procedural privileges being applied for.
- (w) The application of the physician seeking privileges shall be on a form approved by the College and shall include details of the privileges currently held in facilities in Saskatchewan together with details of the number of similar procedures performed during the past year and/or related past experience.
- (x) The application shall include the names of two references who can be consulted as to the skills, knowledge and suitability of the physician to perform such procedures.
- (y) The Director shall forward a copy of the application to the College together with an assessment of the suitability of the facility to support such procedures and the suitability of the physician to perform such procedures in the facility.
- (z) The Committee shall consider the application and make recommendations to the Council.
- (aa) The decision of the Council shall be forwarded to the physician applying for privileges and the Director.
- (bb) Temporary approval may be made by the Registrar of the College.
- (cc) Reapplication for privileges shall be made annually to the Director and shall be dealt with in the same manner as the initial application for privileges.

- (dd) In deciding whether to grant or refuse such privileges, the Council may consider any matter that would be relevant in an application for privileges in a facility operated by a Regional Health Authority in Saskatchewan.
- (ee) Where a physician's privileges in a Regional Health Authority have been removed, restricted or suspended by a Regional Health Authority, or where a physician has agreed to resign or restrict his or her privileges in a Regional Health Authority, the Registrar may remove, restrict or suspend the privileges granted to that physician to work in a facility in a similar manner.
- (ff) Where, after providing the physician with a reasonable opportunity to present relevant information on his or her behalf, the Registrar has formed the opinion that a physician's conduct, performance or competence exposes or is likely to expose a patient to harm or injury or is reasonably likely to be detrimental to the delivery of quality patient care, the Registrar may remove, restrict or suspend the privileges granted to that physician to work in a facility.
- (gg) A physician who does not have privileges approved by Council for a particular procedure shall not perform that procedure in a facility.

Inspection and Audits

- (hh) Where the Council or the Executive Committee receives information indicating that the conditions at a facility pose a risk to patient safety, it may direct an inspection of a facility to determine whether a facility's Certificate of Approval should be amended, suspended or revoked;
- (ii) Any such inspection may include any or all of the following:
 - (i) Inspection of the premises and all equipment located therein;
 - (ii) Inspection of all records pertaining to the provision of medical services and providing copies of the same if so requested;
 - (iii) Providing information requested by persons conducting the assessment in respect of the provision of medical services in the facility in such form requested by persons conducting the assessment;
 - (iv) Providing on request samples or copies of any material, specimen, or product originating from the medical service provided by the facility;
 - (v) Answering questions posed by the persons conducting the assessment as to procedures or standards of performance and if requested providing copies of records relating to procedures followed and standards of performance applied in the facility;
 - (vi) Providing to the persons conducting the assessment copies of all documents and information relating to business arrangements involving the practice of medicine conducted in the facility. The production of documents and information may include lease arrangements, management agreements, records of advertising and agreements for the provision of medical services.
- (jj) The costs of such an inspection will be borne by the facility or the member in question.
- (kk) The Director shall permit the Council, the Committee, or its designate right of access to the facility at all reasonable times for the purpose of conducting an audit or review of the procedure undertaken in that facility.

Revocation or Amendment of Certificates of Approval

- (ll) Where access to the facility for an inspection or audit is refused, or where the information or documents requested in such an assessment is not provided, the Council may amend, suspend or revoke the Certificate of Approval.

(mm) Where the Council concludes that there has been a material adverse change in the facility since the last grant of a Certificate of Approval, or renewal of a Certificate of Approval, the Council may amend, suspend or revoke the Certificate of Approval.

(nn) Where the Council concludes that there has been a material breach of the provisions of this bylaw, it may amend, suspend or revoke the Certificate of Approval.

Unbecoming, Improper, Unprofessional or Discreditable conduct

(oo) It is unbecoming, improper, unprofessional or discreditable conduct for a physician, except in the case of an emergency, to perform a procedure in a facility, or to provide care in a facility, or to provide anaesthesia in a facility, if the physician does not have the privileges to do so.

(pp) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to perform a procedure in a facility, or to provide care in a facility, or to provide anaesthesia in a facility if that does not have a valid and subsisting Certificate of Approval;

(qq) It is unbecoming, improper, unprofessional or discreditable conduct for a Director to fail to meet the obligations of a Director as outlined in this bylaw;

(rr) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to refuse to allow Council, the Committee or its designate access to a facility.

(ss) Paragraphs (oo), (pp), (qq) and (rr) do not apply if the discipline hearing committee concludes that the physician exercised due diligence to ensure compliance with the requirements of this bylaw.

(tt) Notwithstanding anything in paragraphs (a) to (ss) above, nothing in paragraphs (a) to (ss) above applies to a non-hospital treatment facility that is operated by a Regional Health Authority or the Saskatchewan Cancer Agency.

Publication of Information Pertaining to Non-Hospital Treatment Facilities

(uu) The College will make information about Non-Hospital Surgical Facilities publicly available. The information will include the following information:

(i) The name of the facility and address of the facility in the College records;

(ii) The date of inspections of the facility;

(iii) The outcome of inspections of the facility;

(iv) The procedures which the facility has been approved to perform;

(v) Any limitations or conditions contained in the certificate of approval