

Ensuring Proper Patient Selection for Office-Based Procedures

Question

Why is the patient selection process important for office-based procedures?

Answer

The patient selection process is one of the key factors in performing safe surgical procedures in office-based settings. Other key factors include procedure selection, location, personnel, policies, and practice management.¹

The patient selection process has become more critical as more procedures are being done in office-based settings — as opposed to hospitals or ambulatory surgery centers — than ever before. The number of office-based procedures rose from 10 million in 2005 to 30 million in 2023.² This growth might result from office settings offering easier and faster access to scheduling as well as potentially lower out-of-pocket costs.³

However, fewer than 30 states have regulations related to, or require accreditation for, office-based surgical procedures.⁴ Without standardized best practices for care and adequate regulatory oversight, patient safety is a prevalent concern, including issues related to infection prevention and control as well as bloodborne pathogens.⁵

Another contributing factor to the criticality of patient selection is that not only has the number of procedures increased in the past 25 years, but so too has the complexity of both patients and procedures.⁶ Patients have more complex and chronic medical conditions that may present complications for having surgery in office-based settings.

To address these concerns and lessen potential risks, healthcare practices should develop internal standards for the patient selection process for office-based procedures. A fundamental part of this

process is pinpointing issues that might make patients vulnerable to intraoperative or postoperative complications. Providers should thoroughly assess patients for medical history (including high-risk conditions), family history, current medications, drug or latex allergies, deep vein thrombosis and pulmonary embolus risk, and social and psychological history.⁷

Below are some high-risk medical conditions that providers should consider as part of the patient selection process:

- Morbid obesity
- Obstructive sleep apnea or severe chronic obstructive pulmonary disease
- End-stage renal or liver disease or abnormalities of other major organ systems
- Myocardial infarction within the last 6 months
- Uncontrolled hypertension
- Acute substance intoxication
- Poorly controlled diabetes mellitus
- Sickle cell disease
- Stroke within the last 3 months
- Poorly controlled psychiatric problems
- Difficult airway
- Previous adverse outcomes from anesthesia or surgery (e.g., [malignant hyperthermia](#))⁸

When obtaining patients' social and psychological history, it's prudent to determine (1) whether the patient has experienced alcohol, analgesic, or sedative abuse, and (2) whether a responsible adult will accompany the patient during the perioperative period or escort them home.⁹

Maintaining internal standards for patient selection in office-based procedures is an effective strategy to operate safely and maximize quality of care and patient safety. Other strategies include promoting effective infection control techniques, using patient safety checklists, obtaining office accreditation, and encouraging board certification and proper credentialing for all proceduralists.¹⁰

Resources

- [Accreditation Commission for Health Care, Inc.: Developing a Culture of Safety First](#)
- [American Association of Nurse Anesthesiology: Facility Considerations](#)
- [Journal of Clinical Anesthesia: The Paradigm of 6 P's: Defining the Essence of a Safe Clinical Office-Based Practice](#)
- [MedPro Group: Guideline: Infection Prevention and Control in Ambulatory Care Settings](#)
- [Institute for Safety in Office-Based Settings: Learning Center for Providers](#)

Endnotes

¹ Shapiro, F. E., & Urman, R. D. (2023). The paradigm of 6 P's: Defining the essence of a safe clinical office-based practice. *Journal of Clinical Anesthesia*, 90, 111239. Retrieved from www.sciencedirect.com/science/article/abs/pii/S0952818023001897

² Ibid.

³ Accreditation Commission for Healthcare, Inc. (2023, September 18). *Developing a culture of safety first*. Retrieved from www.achc.org/blog/office-based-surgery-developing-a-culture-of-safety-first/

⁴ Zhang, K. K., Reddy, N., & Janis, J. E. (2022, November 9). Office-based plastic surgery: Evidence-based clinical and administrative guidelines. *Plastic and Reconstructive Surgery – Global Open*, 10(11), e4634. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC9645793/>

⁵ Shapiro, F. E., Punwani, N., & Urman, R. D. (2013). Office-based surgery: Embracing patient safety strategies. *Journal of Medical Practice Management*, 29(2), 72–75. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/24228364/>

⁶ Young, S., Osman, B., & Shapiro, F. E. (2023, March 10). Safety considerations with the current ambulatory trends: More complicated procedures and more complicated patients. *Korean Journal of Anesthesiology*, 76(5), 400–412. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC10562071/>

⁷ Shapiro, F. E., Punwani, N., Rosenberg, N. M., Valedon, A., Twersky, R., & Urman, R. D. (2024, August). Office-based anesthesia: Safety and outcomes. *Anesthesia & Analgesia*, 119(2), 276–285. Retrieved from https://journals.lww.com/anesthesia-analgesia/fulltext/2014/08000/office_based_anesthesia__safety_and_outcomes.12.aspx

⁸ Ibid.

⁹ Ibid.

¹⁰ Shapiro, et al., Office-based surgery: Embracing patient safety strategies.

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