



Blueprint for ASC Staff Education

February 27, 2026



Today's
Speaker:



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Learning Objectives

- Identify the regulatory requirements related to ASC staff orientation, education, training, and competency validation.
- Differentiate between eSupport-based training, internal policies and procedures, and facility-specific education needs to determine what must be incorporated into a comprehensive ASC education program.
- Develop a structured, role-specific staff education and competency plan that integrates regulatory expectations with the ASC's operational workflows and physical environment.
- Evaluate the adequacy of documentation, competency tools, and training cadence to ensure ongoing compliance and survey readiness.



Terms

Orientation	Structured introduction for new staff covering the organization, policies, safety expectations, and role responsibilities prior to independent practice.
Education	Delivery of knowledge explaining <i>what</i> and <i>why</i> , typically policy-based or regulatory (i.e., standards, protocols).
Training	Instruction and practice on <i>how</i> to perform a task or process, often including demonstration or hands-on learning.
Inservice	A focused education or training session on a specific topic, often used for updates, reinforcement, or identified needs.
Testing	A written or electronic assessment of knowledge related to education or training; testing alone does not verify competency unless explicitly knowledge based.
Competency	Documented verification that an individual can safely and correctly perform a task or role-specific function.
Exercise	A planned activity to practice and evaluate response to an emergency or high-risk scenario in a controlled setting.
Drill	A scheduled or unscheduled simulation that tests real-time staff response, role execution, and system performance.



Education \neq Training \neq Competency ...

Why is this so hard?

- Terms overlap, but are not the same
- One topic often requires multiple approaches
- Facility and regulation specific
- Occur in different formats, depending upon timing
- Documentation expectations are different for each
- Surveyors expect the whole picture



Does the difference really matter?

YES! Surveyors differentiate them even when facilities don't.

Education

Staff members
know
the policy and
expectations.

Training

Staff members
can perform
required tasks.

Competency

Staff members
**can safely
and correctly**
perform those tasks.

- One does not replace the others. Blurring these distinctions creates documentation gaps that are commonly cited during survey.
- Clear differentiation turns “we covered it” into **defensible compliance**.



Fire Safety

A Classic Example of Intersection

Fire safety is not a single requirement; **it is a *system*.**

Education

At orientation, individually **and** annually, as a group

Fire prevention, RACE/PASS concepts, and emergency procedures outlined in policy

Training

Annually, as a group

Hands-on instruction on fire extinguisher use (often via inservice)

Drills

Annually, as a group

Quarterly fire drills testing real-time staff response and role clarity



Regulatory Review

Accrediting Organizations

May impose additional staff education and training (i.e., AAAHC requires quarterly disaster drills).

State Regulations

May impose additional or more prescriptive education and training requirements beyond federal standards (i.e., human trafficking).

Other Federal Agencies

Set topic-specific requirements that drive education and competency in defined risk areas (i.e., CDC, OSHA, CLIA).



CMS

Establishes baseline education, training, and competency expectations through ASC CfCs, focused on patient safety and preparedness.



Infection Preventionist / Control Coordinator

- CMS requires the IPC program to be led by a qualified individual with documented infection control training, not merely a designated title.
- Training must be documented, showing that the ICC has infection prevention expertise and that staff training is occurring.
- Certification is **not** mandated by CMS, but absence of certification or formal training must be justified by documented alternative training that demonstrates competency and knowledge.
- The ICC must be able to speak to who was trained, how, and when, and demonstrate how the infection control program works.



Comprehensive Staff Education Program



Tools

- Policies and Procedures
- Inservices
- Hands-On Training / Return Demonstration
- Huddles and Case Discussions
- Online Modules or Videos
- Workshops or Skills Labs
- Drills and Exercises
- Guest Speakers / Vendor Education
- Games, Scenarios, or Simulations
- Mentorship / Preceptorship



Example I Fire Safety Escape Room

STEP 1

Set Up Fire Safety Stations and Props

- Locate the fire response policy (RACE/PASS)
- Identify evacuation routes and fire alarm pull stations
- Demonstrate PASS using a trainer extinguisher
- Decide whether to evacuate or contain based on scenario cards

STEP 2

Divide Into Small Teams
Assign 2–4 staff per team

STEP 3

Create the Scenario
“A fire alarm activates during a case while a staff member notices smoke near a storage area.”

STEP 4

Facilitate the Activity
Set timer, observe, prompt discussion, and correct unsafe actions in real time



Documentation | Education & Training

- eSupport CE Certificates and Transcripts
- Quick Trainings
- Inservice Records and Logs
- CEMP Activation Evaluation (Disaster Drill or Exercise)
- Fire Drill Report
- Mock Code Critique
- Malignant Hyperthermia Drill Critique
- Acknowledgement Forms
- Tests and Quizzes



Documentation | Competency

- Role-Specific
 - *Preop/PACU, SPD*
- RN-Administered Sedation
- USP <797> Aseptic Technique for Immediate Use Preparations
- CLIA-Waived Testing
 - *glucometer, pregnancy testing*
- Age-Specific
 - *pediatrics to geriatrics*



Zoom in on CLIA Requirements



Training

Initial

Instruction on test performance based on manufacturer instructions, including specimen collection, testing steps, result interpretation, and quality controls.

Competency

Initial and *Annual*

Verification of the individual's ability to correctly perform the test through direct observation, demonstration of proper technique, and problem-solving.

Ongoing Performance Monitoring

Periodic review of test documentation, quality control records, and result reporting to ensure continued compliance.



Cadence

Activity	When It Is Required	Typical Frequency / Triggers
Orientation	When a staff member is hired or assumes a new role	<ul style="list-style-type: none"> • Upon hire • before independent practice • when role or responsibilities change
Education	When staff need knowledge of policies, standards, or expectations	<ul style="list-style-type: none"> • Upon hire • when policies or regulations change • when new services, equipment, or processes are introduced • in response to QAPI findings or events • periodically based on risk
Training	When staff must learn <i>how</i> to perform a task or process	<ul style="list-style-type: none"> • Upon hire • with new equipment or technology • when workflows change • when performance gaps are identified
Competency	When safe and correct performance must be verified	<ul style="list-style-type: none"> • Upon hire • when new skills are introduced • when scope or duties change • after performance issues • at least annually for high-risk or critical skills



Cadence

Activity	When It Is Required	Typical Frequency / Triggers
Exercises	To practice emergency response in a controlled setting	<ul style="list-style-type: none">• At least annually (i.e., tabletop or functional exercises)• may supplement or replace certain drills as allowed
Fire Drills	To test real-time response to fire emergencies	<ul style="list-style-type: none">• Quarterly, varied shifts and scenarios
Drills All Other Emergencies	To test real-time response to non-fire emergencies	<ul style="list-style-type: none">• At least annually or quarterly (i.e., power failure, medical emergency, evacuation)



QAPI Program Integration

1

Use QAPI data, incidents, and surveys to **identify staff education** and training gaps.

2

Focus education efforts on high-risk processes and recurring performance issues.

3

Deliver targeted education, training, or competency validation in response to identified needs.

4

Observe practice and review audits to confirm education translates into safe care.

5

Evaluate whether adverse events or gaps decrease after education is implemented.

6

Refine the program and **report outcomes** through QAPI Committee to the Governing Body.



Ask the Staff!

- What topics would help you feel more confident and prepared?
- How do you prefer to learn?
(hands-on, discussion, quick refreshers, online)
- What information is useful versus unnecessary or overwhelming?
- What still feels unclear after education or training?
- How could education better support real-world practice?

Use staff feedback to shape future education and delivery methods!





Survey Readiness

- Explain the education framework
- Spot-check staff files
- Verify required frequencies
- Link education to QAPI
- Confirm staff safety knowledge
- Remove outdated education
- Validate performance-based skills
- Align policy, education, practice
- Know where records live
- Justify education frequency



eSupport
Survey Watch
Survey Preparation Staff Quiz

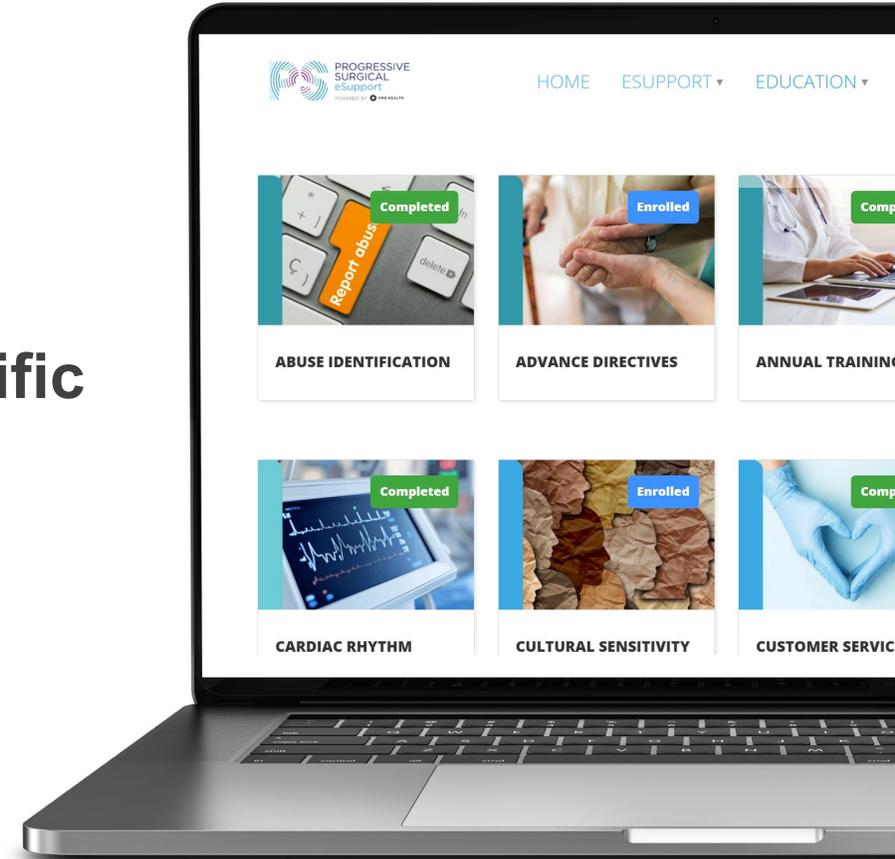


Where does the eSupport membership fit in?

*Built **exclusively** for ASCs,
not a generic healthcare education platform.*

eSupport captures and meets traditional mandatory education requirements, **but facility and role-specific training and competencies are still required.**

*For example: the OSHA Overview CE Course covers OSHA education, but ANSI expects staff to know where eyewash stations are, how to activate them immediately, and when to use them in an emergency. **This training is specific to your facility!***



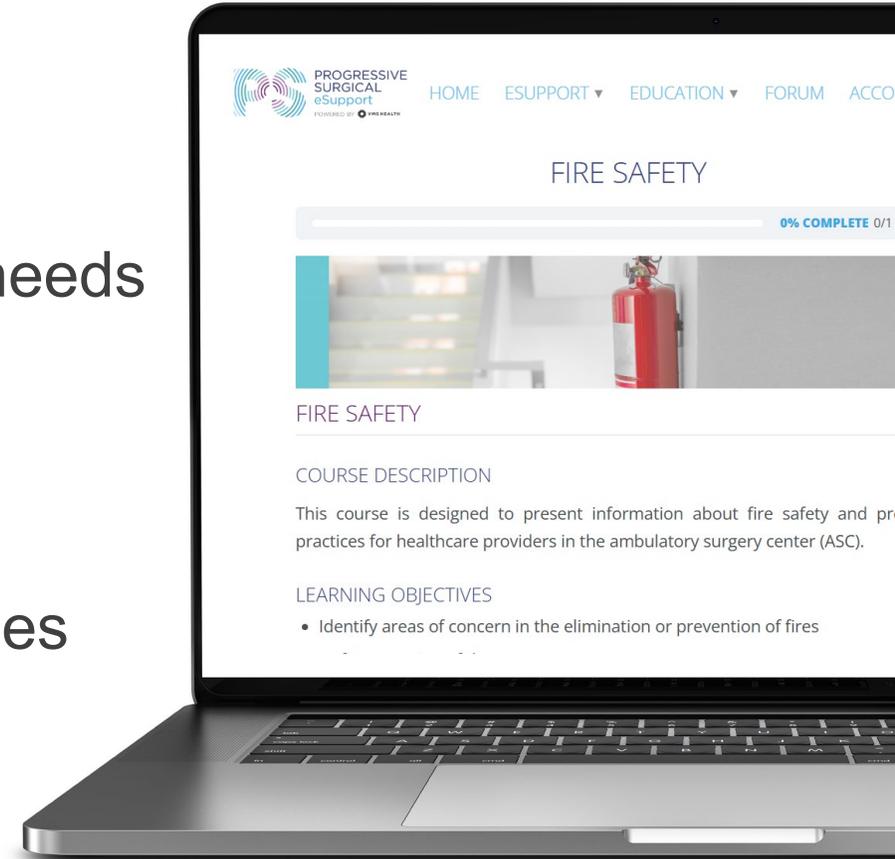
eSupport

Account > CE Management > Instructions
Mandatory Inservice and Education Requirements



Where does the eSupport membership fit in?

- Self-paced, on-demand CE Courses focused on ASC-relevant topics
- Designed to support initial and annual education needs
- Evidence-based content aligned with regulatory expectations
- Includes a quiz to verify knowledge completion
- Accessible anytime to accommodate staff schedules
- Eligible for 1 CE contact hour for RNs
- Certificates and transcripts available upon completion



eSupport
Education > My CE Courses



Quick Training

- One-page resources designed for topics that do not require a full one-hour module.
- Focused, practical content that is short and to the point.
- Includes true/false questions to demonstrate staff knowledge.
- Completed trainings may be retained in personnel files as evidence of education on the topic.
- Continuously expanding library based on eSupport member and client requests.
- **A popular feature!**



eSupport
Education > Webinars & Training
Quick Training



Webinars

- Monthly live webinars focused on ASC clinical, operational, and regulatory topics
- Address current risks, survey trends, and real-world challenges
- Led by ASC subject matter experts
- Includes live Q&A and audience interaction
- Recorded for on-demand viewing
- Eligible for education credit for RN/CASC/CAIP *(when applicable)*
- Supports ongoing staff education and leadership development



eSupport
Education > Webinars & Training
Webinar Calendar / Recordings



Using eSupport for Staff Education is Easy!

STEP 1	Set Up Your Team	<ul style="list-style-type: none">• Add staff to your online group• New users receive login credentials automatically via email
STEP 2	Communication Required Education Assignments	<ul style="list-style-type: none">• All staff have access to the full CE library• Notify staff which courses to complete and required deadlines• Use provided summaries, assignment sheets, and email templates to notify staff of mandatory and role-specific courses to complete and deadline expectations
STEP 3	Complete Courses & Quizzes	<ul style="list-style-type: none">• Staff complete assigned courses and online quizzes (80% required)• Licensed nurses earn CE credits• All other staff receive certificates of completion
STEP 4	Track & Document Completion	<ul style="list-style-type: none">• Monitor progress, print certificates and transcripts• File documentation in personnel files• Courses reset annually and archive prior progress and documentation



Send your leaders
to in-person events.

ASC | LEADERSHIP NURSE | CONFERENCE

April 17-18, 2026

10.25 CE Contact Hours for RNs
10.25 AEU Credits for CASC
1.25 ICPH Credit for CAIP





Day One Education & Training: Setting Staff Up for Success

- Welcoming & Belonging
- Practical Orientation
 - *“How to Survive Day One”*
- Learning How People Learn
- Culture & Expectations
- Low-Stakes Knowledge Introduction
- Documentation Later, Connection First



Culture of Learning = Culture of Safety

Patient safety is not sustained by static policies or outdated slides... It is built through curiosity, education, and continuous learning.

In today's ASC environment, safety depends on teams that are:

- Open to new evidence and evolving best practices
- Willing to question “we’ve always done it this way”
- Supported in lifelong learning, not one-time training



Culture of Learning = Culture of Safety

When staff are encouraged to learn, ask questions, and grow, they are better prepared to recognize risk, adapt to complexity, and protect patients.

A culture of learning is not optional;
it is foundational to patient safety.

Education is not a checkbox. Learning does not end at orientation. Competency is not permanent.



Practical Tips

Keep Content Current

Retire outdated slides and update education.

Focus on What Staff Must Do

Teach actions and expectations, not excessive background or theory.

Make It Relevant

Tie education to real cases, workflows, and risks staff actually see.

Keep It Short and Targeted

Small, focused education is more effective than long sessions.

Vary the Format

Mix huddles, discussion, hands-on practice, and quick refreshers.

Avoid

“Science Overload”

Provide enough rationale to understand the risk, then move to practice.



Practical Tips

Engage, Don't Lecture

Ask questions,
invite discussion,
and encourage
speaking up.

Layer Education Over Time

Reinforce concepts
instead of expecting
mastery in one
session.

Use QAPI to Drive Topics

Let data, events,
and trends
determine what's
taught next.

Document What Matters

Capture evidence of
education without
unnecessary
complexity.

Respect Staff Time

Education should
support care
delivery, not
compete with it.

Build Lifelong Learning

Create a culture
where learning is
continuous and
expected.



Final Thoughts

- Design education to prepare staff for real-world decision-making, not just compliance.
- Build learning beyond orientation through ongoing, role-appropriate education.
- Ensure education, training, and competency are intentionally differentiated and applied.



Final Thoughts

- Review and refresh education content to keep it practical, current, and relevant.
- Update education programs as patient complexity, risk, and regulations evolve.
- Invest in learning methods that strengthen staff confidence and patient safety outcomes.



eSupport > Human Resources > Orientation & Education

Education and Training Acknowledgment

Available to
eSupport
Members



HOME ESUPPORT ▾ EDUCATION ▾ FORUM ACCOUNT ▾ HELP ▾

HR: ORIENTATION & EDUCATION

Facility orientation should be done upon hire. See **Employee Orientation Checklist** below for requirements.

See **Mandatory Inservices and Education Summary** below for education and drill requirements.

Nursing staff who perform point-of-care CLIA waived testing (i.e., pregnancy, blood glucose) shall receive appropriate training, with competency assessment completed at the time of initial training and annually thereafter. **See example below.**

Ongoing education and training must be done regularly with all employees.

EDUCATION VS. TRAINING VS. COMPETENCY

EDUCATION	TRAINING	COMPETENCY
The process of receiving or giving instruction in the workplace through verbal lecture and reading materials.	More facility-specific The action of teaching staff a particular skill or type of behavior through simulation (drills and exercises) and hands-on and/or on-the-job training.	Assessments (tests, checklists) used to measure an employee's competency against their job requirements.
For example, the CE courses on eSupport are considered staff education .	Training is often accomplished through inservicing.	

📄 QUICK TRAINING | Staff Education, Training & Competency

HUMAN RESOURCES

- Personnel Files
- Employee Health Files
- Orientation & Education**
- Salary Survey
- Performance Appraisal

ORIENTATION AND ANNUAL EDUCATION AND TRAINING ACKNOWLEDGEMENT OF COMPLETION

Employee Name (Print): _____ Date: _____

New Hire Orientation Annual Education & Training

<p>Compliance Program</p> <p>Emergency Preparedness / Comprehensive Emergency and Procedures Handbook</p> <p>Facility Program / Policies and Procedures Employee Handbook</p> <p>Fire Safety</p> <p>Infection Prevention and Control (IPC) / TB Control</p> <p>Evacuation plan, fire response, fire exit routes, fire extinguisher use and locations, fire pull stations, and post-evacuation meeting location</p> <p>Hand hygiene, alcohol based antiseptic hand sanitizer use and locations, spill kit use and locations, fire extinguisher use and locations, fire pull stations, and post-evacuation meeting location</p> <p>Bloodborne Pathogen Plan, Biosafety, and Environmental Sanitation, standard precautions, including DOT training (as applicable), Personal Protective Equipment (PPE) use and locations, Employee Health Program, safety data sheet (SDS) use and locations, spill kit use and locations, fire extinguisher use and locations, fire pull stations, and post-evacuation meeting location</p> <p>Prevention Program, equipment and device safety, body mechanics and ergonomics, emergency eyewash station location and use</p> <p>Confined drug spaces and high-alert medications, medication administration, incident reporting, late-severity, and management, HHS Section 1707 and under administration, advance directives, and management, HHS Section 1707 and under administration, advance directives, and management, HHS Section 1707 and under administration, advance directives, and management</p>	<p>Health Insurance Portability and Accountability Act (HIPAA), code of conduct, patient privacy and confidentiality, trauma, waste, and abuse, cybersecurity, policies and procedures, incapacitated or impaired provider policies, emergency utility shut-off locations, medical gas safety, communication with outside agencies, unanticipated return to the operating room, emergency transfer, code blue / medical emergency equipment, security, emergency objectives, Human Resources, Governance (organizational structure, mission, goals, and objectives), Anesthesia & Medication Management, Business Operations/Office, Human Resources, Infection Control, Nursing, OSHA, QAPI, and Safety</p> <p>Disinfecting, Personal Protective Equipment (PPE) use and locations, safety data sheet (SDS) use and locations, spill kit use and locations, fire extinguisher use and locations, fire pull stations, and post-evacuation meeting location</p> <p>Personal Protective Equipment (PPE) use and locations, safety data sheet (SDS) use and locations, spill kit use and locations, fire extinguisher use and locations, fire pull stations, and post-evacuation meeting location</p> <p>Personal Protective Equipment (PPE) use and locations, safety data sheet (SDS) use and locations, spill kit use and locations, fire extinguisher use and locations, fire pull stations, and post-evacuation meeting location</p> <p>Personal Protective Equipment (PPE) use and locations, safety data sheet (SDS) use and locations, spill kit use and locations, fire extinguisher use and locations, fire pull stations, and post-evacuation meeting location</p> <p>Personal Protective Equipment (PPE) use and locations, safety data sheet (SDS) use and locations, spill kit use and locations, fire extinguisher use and locations, fire pull stations, and post-evacuation meeting location</p>
<p>Patient Safety / Patient Rights and Responsibilities</p> <p>Quality Assessment and Performance Improvement Program</p> <p>Incident Reporting and Management</p> <p>Acknowledgment</p>	<p>Incident Reporting and Management</p> <p>Acknowledgment</p> <p>Incident Reporting and Management</p> <p>Acknowledgment</p> <p>Incident Reporting and Management</p> <p>Acknowledgment</p>



eSupport > Policies & Procedures > Human Resources

Available to
eSupport
Members



- JD - Clinical Director
- JD - Housekeeper
- JD - Infection Control Coordinator
- JD - Instrument Technician
- JD - LPN, LVN
- JD - Medical Records Clerk
- JD - OR Registered Nurse
- JD - OSHA Coordinator
- JD - QAPI Risk Management Coordinator
- JD - Surgical Technologist

HOME ESUPPORT ▾ EDUCATION ▾ FORUM ACCOUNT ▾ HELP ▾

HUMAN RESOURCES | COMPETENCY

- Competency Assessment - Conscious Sedation
- Competency Assessment - Housekeeping
- Competency Performance Assessment - Clinical Director
- Competency Performance Assessment - Housekeeper
- Competency Performance Assessment - LVN LPN
- Competency Performance Assessment - OR RN
- Competency Performance Assessment - Pre-Op PACU RN
- Competency Performance Assessment - Surgical Tech

COMPETENCY ASSESSMENT - CONSCIOUS SEDATION

(*) = Meets Standard
(-) = Needs Improvement

Employee Name: _____
 Evaluator: _____
 Evaluator: _____
 Evaluator: _____

Competency	Hire/Self Assessment	90-day		
		20	20	20
EKG Strip Interpretation				
Normal Sinus Rhythm				
Sinus Tachycardia				
Sinus Bradycardia				
Premature Atrial Contractions				
Premature Ventricular Contractions				
Atrial Fibrillation				
Supraventricular Tachycardia				
First Degree AV Block				
Second Degree AV Block				
Third Degree AV Block				
Ventricular Tachycardia				
Ventricular Fibrillation				
Asystole				
Maintain Patent Airway				
Head Tilt-Chin Lift Maneuver				
Jaw Thrust Maneuver				
Connect Oxygen Line to Oxygen Flow Meter				
Correct Placement and Use of Nasal Cannula				
Correct Placement and Use of Face Mask				
Medication Administration and Use of Face Mask				
Determines Preoperative Medications to be Administered				
Determines Known Drug Allergies				
Withdraws Medication Using Sterile Technique				
Titrates Administration of Drug per Recommended Standard				
Propofol (1-10 mg over 1 minute)				
Midazolam (0.5 mg to 2 mg over 2 minutes)				
Propofol (25-50 mg over 30 seconds)				
Propofol (1-4 mg slowly)				
Propofol (25-50 mcg slowly over 1 to 2 minutes)				



eSupport > Survey Watch

Available to eSupport Members



Survey Preparation Staff Quiz



HOME ESUPPORT ▾ EDUCATION ▾ FORUM ACCOUNT ▾ HELP ▾

SURVEY WATCH

The VMG Health ASC Consulting team has the advantage of working with scores of facilities across the country. As an eSupport member you can benefit from our experience. Check out these summaries of deficiencies.

- [Quality Certification & Oversight Reports for ASCs](#)
- [ASC Complaint 2567](#)

SURVEY PREPARATION | STAFF QUIZ

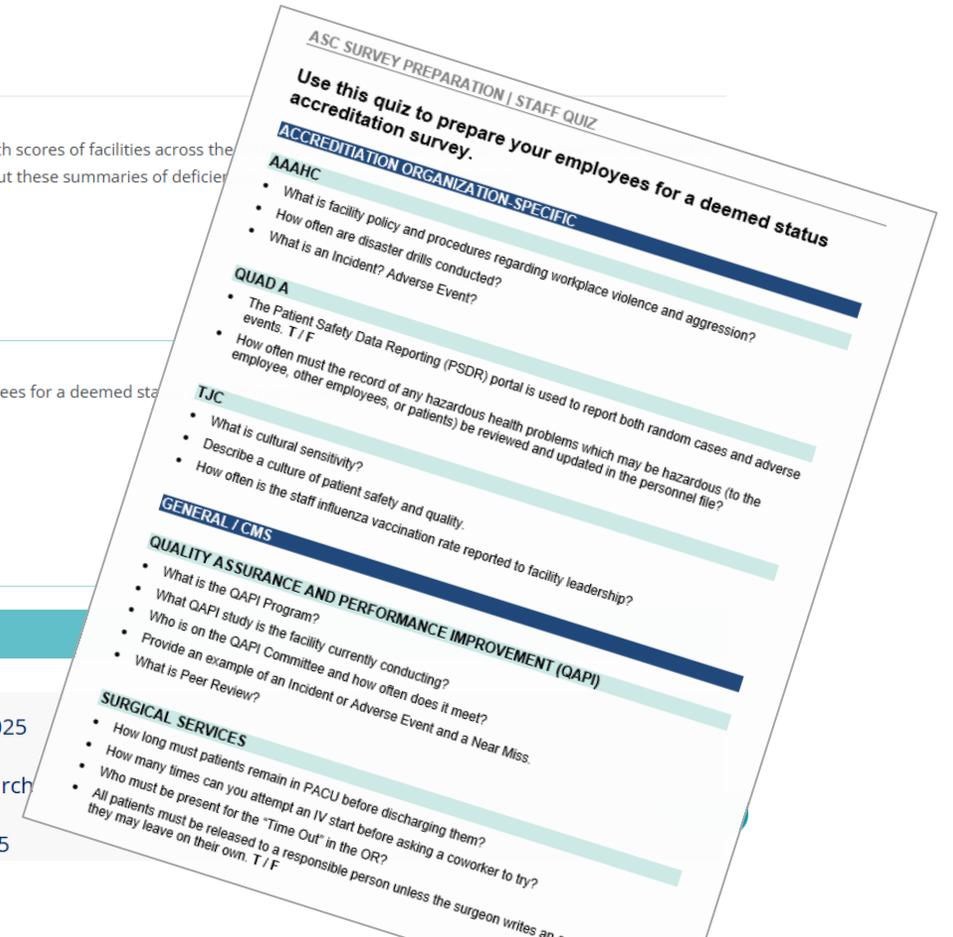
Do you have a survey coming up? Use this quiz to prepare your employees for a deemed status survey.

[Survey Preparation Staff Quiz](#)

SURVEY REPORTS

[CLICK LINKS BELOW TO DOWNLOAD](#)

- | | |
|------|--|
| 2025 | JC Survey – March 2025 |
| 2024 | QUAD A Survey – March 2024 |
| 2023 | JC Survey – April 2023 |



eSupport > Account > CE Management Instructions

Mandatory Inservice and Education Requirements Summary

CE Course Requirements and Recommendations by Department

Available to eSupport Members



PS PROGRESSIVE SURGICAL eSupport

HOME ESUPPORT ▾ EDUCATION ▾ FORUM ACCOUNT ▾ HELP ▾

Filter

Completed

ABUSE IDENTIFICATION

Enrolled

ADVANCE DIRECTIVES

Completed

CARDIAC RHYTHM MONITORING IN THE ASC

Enrolled

CULTURAL SENSITIVITY

Completed

Completed

MANDATORY ORIENTATION & ANNUAL EDUCATION REQUIREMENTS

TITLE	NOTES	SOURCE	HIRE	ANNUAL	3 YEARS
Abuse Identification	Check state regs for annual training	eSupport Membership Course	✓	✓	
Advance Directives		eSupport Membership Course	✓	✓	
BB Pathogen Exposure		eSupport Membership Course	✓	✓	
Department of Transportation	For staff handling hazardous waste	eSupport Membership Course	✓	✓	✓
Emergency Preparedness (EP)	Inservice for shut off valves	eSupport Membership Course	✓	✓	
Fire Safety	Including fire extinguishing equip	eSupport Membership Course	✓	✓	
Fraud, Waste, & Abuse			✓	✓	
Hazard Communication	Inservice for SDS/spill kit use		✓	✓	
HIPAA 101			✓	✓	
OSHA	Including Waste Anesthetic Gases		✓	✓	
QAPI Program			✓	✓	
Infection Control			✓	✓	
HHS 1557	Including hand hygiene		✓	✓	
Patient Rights & Responsibilities	Including Advance Directives		✓	✓	
Pain Management			✓	✓	
Waiver Testing			✓	✓	
Facility Equipment			✓	✓	
USP 797 Aseptic Techniques	Under immediate use provisions		✓	✓	
Med Gas Safety	For those handling tanks		✓	✓	
Facility Specific EP	EP Staff Assessment Tool		✓	✓	

NOTES

- Courses available with active eSupport membership. Reference link
- Individual course completion required upon hire as indicated
- Following initial orientation at ASC, items required annually can be
- Add items per job description needs. For example, sterilization for

REQUIRED ANNUAL DRILLS

- Mock Code
- Mock MH
- Quarterly Fire Drill with Alarm Activation
- Internal Disaster/External Disaster
- Participation in community wide disaster OR tabletop discussion if able to participate in community wide disaster

DISCLAIMER: The requirements outlined here are not meant to substitute employee orientation to facility policies/procedures and

eSupport CE COURSE REQUIREMENTS AND RECOMMENDATIONS

Course Assignment Summary by Department

Use this summary as a guide to assign eSupport CE Courses to your employees in compliance with CMS mandatory education requirements and as applicable or optional for certain job descriptions or state/AO requirements. This list pertains to **online courses only** and does not include annual drills, exercises, policy and equipment trainings that are also required.

	RN	TECH	BUSINESS OFFICE	MEDICAL STAFF
REQUIRED UPON HIRE <small>OR first time using eSupport for education</small>	Abuse Identification Advanced Directives Cultural Sensitivity (JC only) Emergency Preparedness Fire Safety Fraud, Waste, and Abuse Hazard Communication HIPAA 101 Infection Control 1 The Basics Infection Control 2 In the ASC OSHA Overview QAPI Program Workplace Violence	Abuse Identification Advanced Directives Cultural Sensitivity (JC only) Emergency Preparedness Fire Safety Fraud, Waste, and Abuse Hazard Communication HIPAA 101 Infection Control 1 The Basics Infection Control 2 In the ASC OSHA Overview QAPI Program Workplace Violence	Abuse Identification Advanced Directives Cultural Sensitivity (JC only) Emergency Preparedness Fire Safety Fraud, Waste, and Abuse Hazard Communication HIPAA 101 Infection Control 1 The Basics Infection Control 2 In the ASC OSHA Overview QAPI Program Workplace Violence	Abuse Identification Advanced Directives Cultural Sensitivity (JC only) Emergency Preparedness Fire Safety Fraud, Waste, and Abuse Hazard Communication HIPAA 101 Infection Control 1 The Basics Infection Control 2 In the ASC OSHA Overview QAPI Program Workplace Violence
REQUIRED ANNUALLY	Annual Training	Annual Training	Annual Training	Medical Staff Education
REQUIRED IF APPLICABLE	Department of Transportation Human Trafficking IV Conscious Sedation Laser Safety Malignant Hyperthermia Radiation Safety	Department of Transportation Human Trafficking Laser Safety Malignant Hyperthermia Radiation Safety	Department of Transportation Human Trafficking Malignant Hyperthermia	
OPTIONAL / RECOMMENDED	Bloodborne Pathogen Exposure Control Cardiac Rhythm Monitoring in the ASC Customer Service Fluoroscopic Imaging in the OR Hand Hygiene Intro to Endoscopy Housekeeping in the ASC Latex Sensitivity Medical Record Documentation Best Practices Medication Safety in the ASC Pain Assessment & Management in the ASC Steam Sterilization Sterilization Best Practices in the ASC TASS and Endophthalmitis USP <800> Handling of Hazardous Drugs	Bloodborne Pathogen Exposure Control Fluoroscopic Imaging in the OR Hand Hygiene Intro to Endoscopy Laser Sensitivity Steam Sterilization Sterilization Best Practices in the ASC USP <800> Handling of Hazardous Drugs	Customer Service Hand Hygiene Medical Record Documentation Best Practices	



eSupport > Education > Webinars & Training

Available to eSupport Members



Webinar Index and Recordings

Quick Training



WEBINAR RECORDINGS

WEBINAR RECORDING INDEX

Revisit a webinar recording as training for yourself or staff members. Use the index linked below to search for topics.

[INDEX - Webinar Recordings](#)

WEBINARS



20 MINUTE
2026 ASC QUALITY REPORTING UPDATE
January 12, 2026



60 MINUTE
LIFE SAFETY CODE SURVEY DEFICIENCY
COMPLIANCE STRATEGIES

QUICK TRAINING: ASC EMPLOYEE EDUCATION

When a topic doesn't require a 1-hour CE module but still needs to be documented as training, you can assign a **Quick Training**.

Quick Trainings are one-page documents that your staff can read in minutes and then have documented evidence of training by the staff member taking the short quiz at the end and writing in their name. It's that easy!

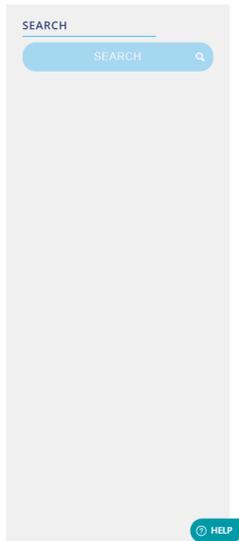
These can be used to supplement onboarding, annual education, or specific training needs, such as when adding a new service line or piece of equipment. Quick Trainings **do not** replace formal inservices or facility policy and procedure reviews but can be used as a supplement to these. *For example, you may opt to attach the facility policy and procedure about the topic to the back of the Quick Training or instruct the employee to review the policy before or after taking the Quick Training.*

The titles of the Quick Trainings are self-explanatory, and the library is growing all the time. Be sure to email courtney.leonis@vmghealth.com to propose future Quick Training topics.

[Catalog - Quick Training](#)

QUICK TRAINING DOWNLOADS

- + CLIA TESTING REQUIREMENTS
- + CONFLICT RESOLUTION
- + CULTURAL SENSITIVITY
- + CYBERSECURITY
- + DRUG SUPPLY CHAIN SECURITY ACT IN THE ASC





Additional questions?
Would you like to learn more?
Let's dive deeper. Contact us today!



CONTACT US:

 (800)-832-0609

 Apryl.McElheny@vmghealth.com

Thank you

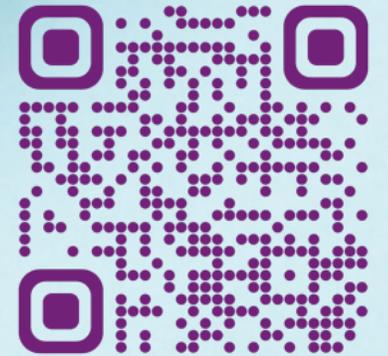




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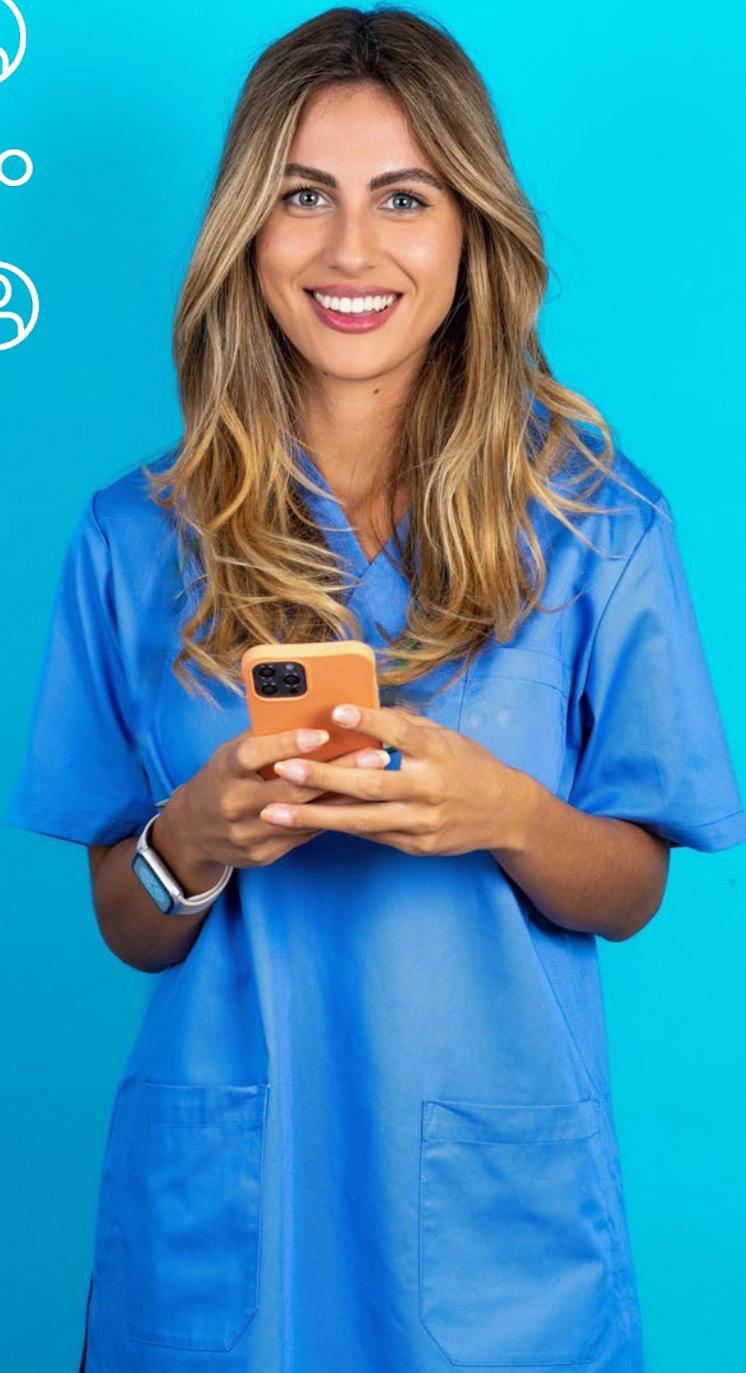
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MAR 30	20		Staff Utilization: How to take Data and Improve Benchmarks	Vanessa Sindell MSN, BSN, RN, CAIP <i>VMG Health</i>