

Single-Specialty Ambulatory Surgery Facility Demonstration Project
Annual Evaluation Report Summary
Piedmont Outpatient Surgery Center
Year 4 (1/1/2015 – 12/31/2015)

Piedmont Outpatient Surgery Center received a license in February 2012 to operate as an ambulatory surgical facility pursuant to the demonstration project in the *2010 State Medical Facilities Plan (Plan)*.

The facility is required to submit an annual report to the agency showing its compliance with the demonstration project criteria in Table 6D in the *2010 Plan*. The agency received the fourth annual report on April 27, 2016 for the time period January 1, 2015 to December 31, 2015.

The facility reported that of the 12 physicians practicing at the facility, three are not owners of the practice. Eleven physicians both maintained privileges and took ER call at local hospitals. The report lists the hospitals at which each physician took ER call, the number of hours of ER call taken and the hospitals at which each one took call. (Attachment A)

Based on the facility's information regarding the number of and payor source of the patients served, the agency was able to verify that the facility's total revenue attributed to self-pay and Medicaid was at least seven percent. The documentation included in the report revealed that 8.41% of the facility's revenue was attributed to self-pay and Medicaid patients. This percentage reflects an increase over Year 3, after successive decreases in the first three years of operation (12.36% in Year 1, 11.65% in Year 2, and 7.25% in Year 3). (Attachments B and C)

The facility uses a surgical safety checklist adapted from the World Health Organization. Initially, the facility used paper records, but transitioned to electronic records (EHR) during Year 2. While using paper records, staff completed the checklist 100% of the time. After the transition to EHR the checklist was split into Pre-OP, Post-OP and Post-anesthesia care unit (PACU) sections. During Year 4, staff completed these sections 99%, 98%, and 99% of the time, respectively. (Attachment D)

The facility established four committees to track quality assurance, in accordance with Condition 8 on the certificate of need. In addition to tracking the four required measures (wound infection rate, post-operative infections, post-procedure complications, readmissions, and medication errors), the facility also tracks six additional patient outcome measures. The report contained information showing negative results in fewer than 0.1% of cases; these cases experienced post-operative infections. (Attachment E)

An EHR interface exists between the facility and physicians' offices. The EHR system was implemented in 2015 and is designed specifically for surgical centers. The report provided a detailed explanation of the operation of this system. (Attachment F)

The facility documented that it reported utilization and payment data to the statewide data processor, as required by G.S. 131E-214.2 and the demonstration project criteria in Table 6D of the *2010 Plan*. (Attachment G)

Based on the review of the annual report, the Agency determined that Piedmont Outpatient Surgery Center materially complies with the demonstration project criteria in Table 6D in the *2010 Plan* and the conditions on the certificate of need.