

Single-Specialty Ambulatory Surgery Facility Demonstration Project
Annual Evaluation Report Summary
Piedmont Outpatient Surgery Center
Year 1 (3/1/12 – 2/28/13)

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

One of the criteria in the Plan was for the facility to submit an annual report to the agency showing the facility's compliance with the project criteria. The first year's project report was received by the agency on April 18, 2013 for the time period of March 1, 2012 to March 1, 2013.

The report revealed that of the ten physicians practicing at the facility, one was not an owner of the practice. They sought other physicians for their facility by sending a letter asking physicians to join their practice. In addition, all the physicians maintained privileges at local hospitals, took ER call at local hospitals and the number of hours they took call was listed in the report. (Attachment A)

By the submission of information related to the number of and payor source of the patients they 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 spreadsheet submitted in the report revealed that 12.36% of the facility's revenue was attributed to self-pay and Medicaid patients. (Attachment B and C)

The surgical safety checklist that had been used since the initial licensure of the facility was revised based on the WHO Surgical Safety Checklist developed by the World Health Organization and implemented in June of 2012. According to daily chart audits, 99.9% of the surgeries had used this checklist. (Attachment D)

The facility addressed the required measures for tracking Quality Assurance in accordance with the conditions set forth in the certificate of need. They even went above and beyond and tracked additional measures. They established four committees to assist with quality assurance activities. The report contained information showing minuscule negative results based on the numbers and percentages reported. (Attachment E)

There is an electronic health record interface between the facility and physicians' offices. A detailed explanation of this operation was provided. They have recently purchased a new electronic health record system which will allow the transfer of laboratory results as well. (Attachment F)

In the report, the facility was unable to supply evidence of their reporting of utilization and payment data to the statewide data processor as required by G.S. 131E-214.2 and as a criterion of the 2010 SMFP. In discussion with the facility administrator, it was revealed they had not been submitting this information because of a misinterpretation of the requirement.

Based on the review of their annual report submitted to the agency, it was determined Piedmont Outpatient Surgery Center had not demonstrated substantial compliance with the demonstration project criteria outlined in the Plan and the Certificate of Need due to the failure of the facility to report utilization and payment data to the statewide data processor.