		Select Specialty Hospital		
Potts	Yes	Novant Health-Forsyth Medical Center	Yes	41
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
Scurry	Yes	Novant Health-Forsyth Medical Center	Yes	39
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
Shealy	Yes	Novant Health-Forsyth Medical Center	Yes	35
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
Wagoner	Yes	Novant Health-Forsyth Medical Center	Yes	36
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
Bogard	No	Novant Health-Forsyth Medical Center	Yes	149
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Lexington Memorial Hospital		
Teasdall	No	Novant Health-Forsyth Medical Center	Yes	141
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		

Physician Responsibilities

Name of Each Physician Affiliated with the Facility during the Reporting Period	Does the Physician have any Ownership Interest in the Facility? (Yes or No)	Name of Each Hospital where the Physician has Privileges (list only one hospital per line) (provide supporting documentation)	Provided Emergency Room Coverage during Reporting Period? (Yes or No) (provide supporting documentation)	# of Nights on Call during Reporting Period
Britt	Yes	Novant Health-Forsyth Medical Center	Yes	40
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
Harper	Yes	Novant Health-Forsyth Medical Center	Yes	41
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
Inman	Yes	Novant Health-Forsyth Medical Center	Yes	40
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
Maxwell	Yes	Novant Health-Forsyth Medical Center	Yes	37
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Northern Hospital Of Surry County		
McGuirt	Yes	Novant Health-Forsyth Medical Center	Yes	44
		Novant Health-Medical Park Hospital		
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Northern Hospital Of Surry County		

Revenue and Expense Statement	From 1/1/2013 To 12/31/2013
# of Surgical Cases	1946
REVENUE	
Gross Patient Revenue	
Self Pay/ Indigent/ Charity	15,056.52
Medicare / Medicare Managed Care	198,694.75
Medicaid	452,164.73
Commercial Insurance	2,698,728.31
Managed Care	0.00
Other (Specify) Workers Comp,Tricare	9,618.74
Total	3,374,263.05
Deductions from Gross Patient Revenue	
Charity Care	20,510.84
Bad Debt	7,937.17
Medicare Contractual Adjustment	393,558.19
Medicaid Contractual Adjustment	994,210.22
Other Contractual Adjustments	1,776,846.57
Total Deductions from PatientRevenue	3,193,062.99
Net Patient Revenue	3,374,263.05
Other Revenue	
Total Revenue	3,374,263.05
EXPENSES	
Direct Expenses	
Salaries - Clinical Personnel	713,210.03
Salaries - Other Personnel	226,270.56
Total Salaries	939,480.59
Payroll Taxes and Benefits, Retirement	193,843.49
Medical Supplies	698,100.23
Office Supplies	24,344.80
Other Supplies	
Raw Food	
Other Direct Expenses (specify) Lab fees	2,310.00
Total Direct Expenses	1,858,079.11
Indirect Expenses	
Housekeeping/Laundry	64,874.95
Equipment Maintenance	16,508.54
Building & Grounds Maintenance	21,002.94
Utilities	71,421.68
Telephone	7,378.23
Insurance	4,956.71
Professional Fees	10,322.03
Interest Expense	73,601.10
Rental Expense	263,304.00
Property and other Taxes (except Income)	56,337.72
Depreciation - Buildings	
Depreciation - Equipment	372,382.36
Other Indirect Expenses (specify) see below	
Total Indirect Expenses	962,090.26
Total Expenses	2,820,169.37
Net Income	554,093.68
Federal & State Income Taxes	

Other Indirect Expenses	
amoritization expenses	8,229.58
promotion/marketing	770.00
computer repair & maintenance	39,526.56
waste disposal	5,681.05
postage & freight	2,949.19
bank service charges	25,786.56
meals & entertainment	3,971.80
flowers & gifts	119.60
dues & licenses	11,849.80
travel & CME	5,884.64
continuing ed	742.98
taxes & license	2,701.95
contributions	1,000.00
Accounting Services	18,875.00

ATTACHMENT C
FEE SCHEDULE

The Participation Fee for processing ambulatory surgery claim forms includes all associated program costs including, but not limited to, data collection, editing, processing, and production of the Standard Reports. The Participation Fee Schedule is as follows:

$ .78 per claim form

TRUVEN
HEALTH ANALYTICS

NC FREESTANDING AMBULATORY SURGERY CENTER DATA PROGRAM
STANDARD REPORT SPECIFICATIONS

Each participating facility will receive one copy of the Standard Report on a semi-annual basis which will be based on the Market and Service Area Information that you provide below. In addition to the facilities that you wish included, it is also important for you to define for both your primary and secondary service areas.

Facility Name: Piedmont Outpatient Surgery Center

Send reports to: Brandi Cunningham Title: Administrator

Street Address/City/State/Zip: 2465 Hanestown Lane Winston-Salem, NC 27103

Phone: (336) 201-0003 FAX: (336) 464-0736 Email: bcunningham@piedmontosc.com

MARKET SHARE INFORMATION

The Standard Report includes facility-specific data on your facility compared to up to 10 additional providers. Please list the Ambulatory Surgery Centers or Hospitals that you wish to include in your report.

Comparative Facility Name	City
1. SENTA	Charlotte
2. Healthchoice	Greensboro
3. Hawthorne Surgical	Winston-Salem
4. Orthopedic Surgery Center	Winston-Salem
5. Cornerstone Outpatient	High Point
6. Pinehurst Surgical Center	Pinehurst
7.	
8.	
9.	
10.	

Service Area Definition (Attach additional sheet if necessary)

When defining your service areas, please be sure that you indicate if you want your report to be broken out by individual zipcodes or grouped by counties. It is not necessary to list out every zipcode in a county. It is sufficient to ask for all zipcodes in a county. Many facilities define their Primary Service Area by zipcodes and their Secondary Service Area by Counties. You cannot mix these within one Service Area. It is important to define your service areas as realistically as possible so that the information you receive in your reports will be useful in looking at your current and potential market.

Primary Service Area

Counties	Zipcodes
Forsyth	All

Secondary Service Area:

Counties	Zipcodes
Stokes	All
Surry	All
Yadkin	All
Davie	All
Davidson	All
Guilford	All

Please return the completed form to:
Jamey Motter
Strategic Relationship Manager
Truven Health Analytics
FAX: 303-804-2928
Email: jamey.motter@truvenhealth.com

TRUVEN
HEALTH ANALYTICS

HOSPITAL PROFILE

Please complete one form for each facility for which you will be submitting data

Date: 5/13/13

Facility Name: Piedmont Outpatient Surgery Center
Address: 3965 Hanestown Lane
City: Winston Salem State: NC Zip: 27103
Phone: 336-201-0003

Data User: End user of data submitted
Name: Brandi Cunningham
Email: bcunningham@piedmontosc.com
Phone: 336-201-0003 EXT 113

Data Submitter: Person responsible for the submission of data files
Name: Brandi Cunningham
Email: bcunningham@piedmontosc.com
Phone: 336-201-0003 Ext 113

Data Quality Reviewer: Person responsible for the quality of the data submitted
Name: Brandi Cunningham
Email: bcunningham@piedmontosc.com
Phone: 336-201-0003 EXT 113

Billing Contact: Person responsible for billing/contract questions
Name: Wendy Hughes
Email: whughes@piedmontosc.com
Address: 3965 Hanestown Lane
City: Winston Salem State: NC Zip: 27103
Phone: 336-201-0003 Ext 101

Truven Health Product(s) that will be sourced using this data

- [ ] CareDiscovery — *Data Start month/year* ______
- [ ] CareDiscovery Quality Measures — *Data Start month/year* ______
- [ ] Care Comparison — *Data Start month/year* ______
- [x] State Reporting — *Data Start month/year* ______

Submission Frequency

- [ ] Monthly
- [x] Quarterly
- [ ] Semi Annually
- [ ] Annually

Reference Data Values

- [x] Truven Health Standard Values
- [ ] Client Values

Data Included ☐ IP ☐ ER ☐ OP ☒ Amb Surg ☐ Physician Roster

Patient Control Numbers ☐ Unique to Visit ☒ Unique to Patient

HIS Source System (e.g. Meditech, Siemens, etc.): Allscripts → moving to Vision

Provider Number(s) (Unique facility identifier submitted in your data): ______

Medicare ID

Medicaid ID

Federal Tax ID Number

Format Type (2436, 1500, 837, 700, 4800, 3000+, etc): 702

Fixed Length ☒ Delimited ☐

NPI (National Provider Identifier):

Teaching Facility (Y/N): N **Urban/Rural**: Urban

LOS (Average Length of Stay): N/A

Ownership Type (ex. State Corp): LLC

Facility Type (Describes type of care, ex. General, Acute): ENT

 # Licensed Beds: 2 operating rooms

AHA Number: N/A

Joint Commission ID Number (For Core Measures only): N/A

Data Start Date (For Core Measures and NC Freestanding ASC facilities only): ASAP

Estimated Number of Annual Encounters based on most recent 12 month period (for NC Freestanding ASC facilities only): 1500

For internal use only
FacID ______ **HospID** ______

Cost Report Year Available ______

State License Number for State Reporting (6-digit)
State License Number ______

Surgical Safety Checklist

In 2013 POSC had 6 months with paper records that were scanned in and 6 months of EHR. The paper record and the EHR have a surgical safety checklist (see attached examples). This surgical safety checklist was adapted from the World Health Organization's examples of surgical safety checklists. This surgical safety checklist began pre-operatively and ended in the post-operative phase. The checklist was a separate sheet of paper that POSC added to their chart. The EHR surgical safety checklist is a preloaded safety checklist that was provided by the software. Attached is an example of both checklists. POSC's goal is to have the percentage be 100%. All cases had a surgical safety checklist attached to them. From January 2013-May 2013, the surgical safety checklist was completed 100% of the time. The implementation of the new EHR in June 2013 created some different numbers. The new EHR split the surgical safety checklist into three sections Pre-op, Post-op, and PACU. Overall, the Pre-op completed the checklist 92.7% of the time. The OR completed the list 98.2% of the time, and the PACU completed the list 99.64% of the time. Supporting documentation is provided (see attached documents). The information is a product of our QA committee's daily chart audits. These chart audits ensure that all requirements are met by the staff. If mistakes are found, immediate education is given to the staff. After the first few months of the new EHR the completed checklist numbers increased.

POSC Surgical Safety Checklist

Before Induction of Anesthesia

Nurse or Anesthesia provider read out loud.

Has the patient or their parent/guardian confirmed identity, site, procedure, and consent?

- ☐ YES

Is the site marked?

- ☐ YES
- ☐ Not applicable

Is the anesthesia machine and medication check complete?

- ☐ YES

Is the pulse oximeter on the patient and functioning?

- ☐ YES

Does the patient have a known allergy?

- ☐ YES
- ☐ NO

Difficult airway/aspiration risk?

- ☐ YES, and equipment/assistance available
- ☐ NO

Risk of >500ml blood loss (7ml/kg in children)?

- ☐ YES, and adequate IV access and fluid planned
- ☐ NO

Before Skin Incision

Nurse or Anesthesia provider read out loud.

All team members have introduced themselves by name and role.

- ☐ YES

OR team verbally confirms: Patient, Site, & Procedure

- ☐ YES

Has antibiotic prophylaxis been given within the last 60 minutes?

- ☐ YES
- ☐ Not applicable

Is venous thromboembolism prophylaxis needed?

- ☐ YES, and SCD's/anticoagulants in place.
- ☐ Not applicable

Xrays, Implants, Special Equipment available?

- ☐ Yes
- ☐ Not applicable

Anticipated Critical Events

- ☐ Surgeon reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss.
- ☐ Anesthesia team reviews: Are there any patient specific concerns?
- ☐ Nursing team reviews: Has sterility (including indicator results) been confirmed? Are there equipment issues or concerns?

Before Patient Leaves Room

Nurse verbally confirms with team.

- ☐ Name of procedure recorded.
- ☐ Instrument, Sponge and Needle counts are correct (or not applicable)
- ☐ Specimen labeling including patient name (if applicable)
- ☐ Whether there are any equipment problems that need addressing.
- ☐ Surgeon, Anesthesia, and Nurse review the key concerns for recovery and management of this patient.

Signature:______________________________ Date:__________________

Surgical Safety Checklist Intra Op - Page 1

Preoperative Area

- H & P ≤ 30 Days ☐
- OR Consent ≤ 30 Days ☐
- Anesthesia Consent ☐ ☐ N/A
- Conscious Sedation Consent ☐ ☐ N/A
- Surgery Orders ☐ N/A ☐ ≤ 30 Days
- Pending Labs/Tests/T&S ☐ N/A ☐ Complete ☐ Sent
- Antibiotics ☑ N/A ☐ Ordered
- Site ☐ N/A ☐ Marked ☐ Wristband
- Patient Ready for OR ☐

Pre-Op RN

Signature:

In OR - Before Induction of Anesthesia

- ☐ Confirm about patient: ID x 2, surgeon, consent, procedure, site/side
- ☐ Wristband ☐ Allergies Reviewed ☐ Anesthesia Safety Check ☐ Airway Issues Addressed
- Site Marked ☐ N/A ☐ ☐
- ☐ Implants / Special Equipment / Blood

Hard Stop Time Out - Before Skin Incision

Time Out Time:

- ☐ All team members introduce themselves by name and role
- ☐ Surgeon, anesthesia provider, and nurse verbally confirm: Patient, procedure, site, with mark visible within draped field, prn
- ☐ Fire risk evaluated - Alcohol prep evaporated, high risk potential reviewed ☐ N/A
- ☐ VTE Risk evaluated: ☐ N/A ☐ SCD's in place
- ☐ Hypothermia risk, warmer in place ☐ N/A

Anticipated Critical Events:

- ☐ Surgeon: Critical steps, Expected operative duration, Anticipated EBL, Specimens
- ☐ Anesthesia: Patient-specific concerns
- ☐ Nursing: Issues or concerns, Drugs/solutions labeled, sterility confirmed, equipment functioning properly

Preoperative prophylactic antibiotics: ☐ N/A ☐ Given within 60 minutes and documented accurately

Essential Imaging: ☐ N/A ☐ Displayed

Surgical Safety Checklist PACU - Page 2

Before patient leaves OR

- [x] Confirm diagnosis and procedure performed
- [x] All final counts correct   [ ] Counts not applicable for procedure
- [x] Specimens: how labeled and disposition   [ ] N/A
- [x] Equipment problems to be addressed   [ ] N/A
- [x] Surgery, anesthesia and nursing review concerns re: transfer/mgmt in PACU/Other

Circulator RN:

Signature:

Anesthesiology Transfer to PACU/Other

- [ ] Patient identity: name, age, weight
- [ ] Surgical procedure/diagnosis
- [ ] Medical History:
  - Significant concomitant disease
  - Medications, allergies
- [ ] Anesthetic management: [ ] N/A
  - Sedatives, narcotics, reversal agents
  - Muscle relaxants, recovery
  - Antiemetics and antibiotics (time)
- [ ] Summary of fluid balance: [ ] N/A
  - EBL and urine output
  - Fluids and blood components
- [ ] Initial Care:
  - Pulse ox, BP, EKG, temp
  - Resp: airway, oxygenation, ventilation
  - Hemodynamics, fluids, vasopressors
  - Expected vital signs and LOC
  - Pain: assessment and plan of care
  - Critical values / pending lab tests
  - Disposition: Home, floor, other

PACU RN

Signature:

Patient Outcomes

1. Our facility has several ways to measure and report patient outcomes. First, we have several different committees which ensure safety and positive patient outcomes. These committees are the Infection Control Committee, Safety Committee, Quality Assurance Committee, and Peer Review Committee. Each committee has at least one physician member and one staff member. The Quality Assurance Committee also has one non-owner physician member. Post-op infections are reported by the physicians to the Infection Control Committee. There have been 3 reports of post-op infections. Physicians code post-op infections to a 998.59 code. A report can be pulled for this code to ensure proper reporting. Any deviations from standards of care that could result in harm to the patient are reported to the Safety Committee. These items can include faulty equipment, medication errors, and wrong site, wrong surgery, wrong physician. There have not been any incidents of faulty equipment or wrong site, wrong surgery, wrong physician. The Peer Review Committee is made up of three physicians, one is a board member, one is the medical director, and one is a non-owner staff member. The members of this committee perform chart audits for the physicians. They also audit charts to make sure that the diagnosis matches the procedure that was performed. All three of these committees report to the Quality Assurance Committee. There are several different ways that data is collected and delivered to the Quality Assurance Committee. One, there is a transfer log that is kept to record any patient transfers to a hospital. There is another log book that tracks a readmit to surgery within a 48 hour time frame. Finally, a monthly data spreadsheet is kept to collect data while auditing. Chart audits are completed for 100% of patient records and spreadsheets are kept to collect the data. This spreadsheet is attached to provide supporting documentation of the facility's process. If there are deviations from our normal standard of care the nursing supervisor and administrator speak directly to the employee to decrease the chance of a repeat occurrence. Items audited are as follows:

1/1/2013-12/31/2013

Post- operative infection rate-3

Readmit to surgery within 48 hours-4

Number of transfers-1

Number of medication errors-0

Hair removal-19

Number of equipment failures resulting in harm of the patient - 0

Patient falls-0

Patient burns-0

Wrong site-0

Wrong procedure-0

Wrong implant-0

Wrong patient -0

Wrong surgeon-0

Number of unexpected complications:

Cardiac/respiratory arrest-0

Hemorrhage/excessive bleeding-6 (4 readmitted, 2 controlled in PACU with Afrin)

Nausea and/or vomiting (Where two interventions are given in the PACU, do not count medications given in the OR)-18

Blood Pressure requiring intervention: 10

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
Infections	/	/	/	/	/	/	1	/	1	/	/	1	3
Readmit	/	1	/	1	/	/	/	/	/	/	2	/	4
Transfers	/	/	/	1	/	/	/	/	/	/	/	/	1
Medication Errors	/	/	/	/	/	/	/	/	/	/	/	/	
Hair Removal	1	/	2	/	2	/	/	1	1	7	2	3	10
PACU Complications	6 BP 2-N/V	1-BP 2-N/V	2- BP '' 4- N/V	Ø	Ø	Ø	2- N/V 1- BP x2	2-N/V	Ø	1-N/V	2-N/V 2-OR	3-N/V	
		2-Afrin	1-Afrin 1-OR p̄ 4d						Temp				

Interoperability with Other Providers

From January 2013-June 2013 the facility used Allscripts EHR and MYSIS PM. Demographic information could be pulled from the physician's office through an interface. POSC received a scheduling fax form from the physician's office. This information was entered into the PM side if it did not come across through the interface, once the information has been entered that information is populated into the Allscripts EHR. On the EHR side, the center could modify the schedule, create patients' charts, and make labels. Charts were scanned in at the end of the day as well as lab reports, financial information, etc. and stored in the medical records portion of the EHR. The physicians transcribed their Op-Notes in this system and it attached the Op-note to the patients chart. Furthermore, with a click of a button and a check in a box the physician could send the Op-note to referring physicians. This process allowed the physician to send the Op-note to his/her office and attached it in the office's medical records. This system was user friendly and allowed chart retrieval for auditing.

In January 2013, POSC purchased new EHR/Practice Management software that was more up-to –date and was built for surgical centers. This system is fully integrated. It pulls data for billing, for coding, for the ASCA monitoring project as well as generates reports, keeps inventory, manages credentialing, and calculates cost per case. This system will help convert our facility to 95% paperless because the practice management portion speaks to the EHR portion. It has the capability to pull demographic information from the physician office on scheduled procedures, check eligibility electronically, and allow electronic claims submission. Furthermore, when a patient is scheduled the surgeon receives a note in his Op-Note folder that an Op-Note needs to be completed on the surgery. When the note is completed it is dropped into the patient's chart. These Op-Notes can be electronically faxed to referring physicians' offices. Eventually the EHR portion of the program will pull vital signs from patient care monitors and gas readings from the anesthesia machines as well. POSC went live with this EHR June 2013.

	7% Worksheet (2013)	Self-Pay	Medicaid	Total
A	# of Surgical Cases	22.00	684.00	706.00
B	Average Medicare Allowable Amount per Surgical Case	1,248.31	1,232.59	
C	Revenue (A x B)	27,462.82	843,091.56	
D	Revenue Collected (net revenue by payor category)	17,164.78	453,532.20	
E	Difference (C - D)	10,298.04	389,559.36	399,857.40
F	Total Net Revenue (all payors combined)			3,433,697.72
G	Percentage (E / F)			11.65%