

Single-Specialty Ambulatory Surgery Facility Demonstration Project
Annual Evaluation Report Summary
Piedmont Outpatient Surgery Center
Year 2 (1/1/2013 – 12/31/13)

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 second year's project report was received by the agency on April 30, 2014 for the time period of January 1, 2013 to December 31, 2013.

The report revealed that of the eleven physicians practicing at the facility, two were not an owner of the practice. They sought other physicians for their facility by calling local ENT physicians and by sending invitations to the Piedmont Outpatient Surgery Center open house. In addition, all physicians maintained privileges at local hospitals. However, one physician did not take ER call at local hospitals. The number nights and 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 11.65% of the facility's revenue was attributed to self-pay and Medicaid patients. This is a slight decrease from last year (12.36%). (Attachment B and G)

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. Piedmont Outpatient Surgery Center had 6 months of paper records that were scanned in and 6 months of electronic health records (EHR). While using paper records the check list was a separate piece of paper. During this time, the checklist was completed 100% of the time. After the transition to EHR the checklist was split into several electronic forms. The Pre-OP, Post-OP, and Post-anesthesia care unit (PACU) completed the checklist 92.7%, 98.2%, and 99.64% of the time, respectively. (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. In June 2013 the practice shifted to using an EHR that was designed specifically for surgical centers. (Attachment F)

In the report, the facility did 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. (Attachment C)

Based on the review of their annual report submitted to the agency, it was determined Piedmont Outpatient Surgery Center has demonstrated substantial compliance with the demonstration project criteria outlined in the Plan and the Certificate of Need.