

Attachment A

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	29	
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
Harper	Yes	Novant Health-Forsyth Medical Center	Yes	42
		Novant Health-Medical Park Hospital	27	
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
Inman	Yes	Novant Health-Forsyth Medical Center	Yes	42
		Novant Health-Medical Park Hospital	29	
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
Maxwell	Yes	Novant Health-Forsyth Medical Center	Yes	38
		Novant Health-Medical Park Hospital	27	
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Select Specialty Hospital		
McGuirt	Yes	Novant Health-Forsyth Medical Center	Yes	40
		Novant Health-Medical Park Hospital	27	
		Novant Health- Kernersville Medical Center		
		Novant Health- Clemmons Medical Center		
		Northern Hospital Of Surry County		

Attachment B

	7% Worksheet	Self-Pay	Medicaid	Total
A	# of Surgical Cases	27	643	
B	Average Medicare Allowable Amount per Surgical Case	1,116.85	1,172.72	
C	Revenue (A x B)	30,154.95	754,058.96	
D	Revenue Collected (net revenue by payor category)	20,017.26	463,630.28	
E	Difference (C - D)	10,137.69	290,428.68	300,566.37
F	Total Net Revenue (all payors combined)			4,145,690.64
G	Percentage (E / F)			7.25%

Attachment C

Revenue and Expense Statement		1/1/2014 To 12/31/2014
# of Surgical Cases		2,000.00
REVENUE		
Gross Patient Revenue		73,210.05
Self Pay/ Indigent/ Charity		744,422.02
Medicare / Medicare Managed Care		2,368,437.94
Medicaid		6,917,278.04
Commercial Insurance		
Managed Care		17,020.71
Other (Specify) (Worker's Comp)		10,120,368.76
Total		
Deductions from Gross Patient Revenue		
Charity Care/Self-Pay		50,054.95
Bad Debt		653,072.01
Medicare Contractual Adjustment		537,577.32
Medicaid Contractual Adjustment		1,912,054.27
Other Contractual Adjustments		2,821,919.57
Total Deductions from Patient Revenue		5,974,678.12
Net Patient Revenue		4,145,690.64
Other Revenue		
Total Revenue		4,145,690.64
EXPENSES		
Direct Expenses		
Salaries - Personnel		1,022,538.35
Benefits		82,041.13
Total Salaries		1,104,579.48
Payroll Taxes and Benefits		87,617.44
Payroll processing & FSA		3,425.63
Medical Supplies		628,669.07
Pharmacy Supplies		86,963.30
Office Supplies		19,540.94
Other Direct Expenses (specify)		
Total Direct Expenses		1,930,795.86
Indirect Expenses		
Housekeeping/Laundry		48,810.51

Attachment C (cont'd)

Equipment Maintenance	63,202.13
Building & Grounds Maintenance	25,114.69
Utilities	73,675.35
Telephone	7,593.37
Postage & Freight	4,466.26
Insurance	10,745.33
Electronic data Filing	1,723.14
Computer Supplies	497.81
Advertising	107.40
Other Outsource Services	8,273.31
Professional Fees	26,385.00
Dues & Licenses	1,525.69
Travel & CME	3,039.20
Continuing Ed	280.00
Meals & Entertainment	3,213.20
Flowers & Gifts	578.57
Waste Disposal	5,246.25
Rental Expense	266,102.64
Property and other Taxes (except Income)	54,744.82
Bank service Charges	32,639.76
Amorization	8,229.60
Depreciation	329,246.49
Interest Expense	59,879.94
Misc	12,572.37
Total Indirect Expenses	1,047,892.83
Total Expenses	2,978,688.69
Net Income	1,167,001.95
Federal & State Income Taxes	

Surgical Safety Checklist

In 2014 POSC had all Electronic Health Records. The EHR has a surgical safety checklist (see attached examples). This surgical safety checklist began pre-operatively and ended in the post-operative phase. The EHR surgical safety checklist is a preloaded safety checklist that was provided by the software. Attached is an example of the checklist. POSC's goal is to have the percentage be 100%. All cases had a surgical safety checklist attached to them. The EHR split the surgical safety checklist into three sections Pre-op, Post-op, and PACU. Overall, the Pre-op completed the checklist 98.15% of the time. The OR completed the list 97.75% of the time, and the PACU completed the list 99.45% 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.

Attachment D

Patient Outcomes

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 5 reports of 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 two nursing staff members and three physicians, one is a board member, one is the medical director, and one is a physician who is not an owner of the facility. The members of this committee perform chart audits for the physicians and for the staff. The nursing staff members perform chart audits and narcotic log audits. A monthly report is sent to the nursing supervisor and the administrator. The physician peer review committee members audit charts to make sure that the diagnosis matches the procedure that was performed, ensure proper discharge criteria was met before discharge, and perform chart audits on any cases that have negative patient outcomes. 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. Peer review audits are completed for 25% of the nursing charts and 5% of the physician charts. 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: medical record completion, surgical safety checklist, antibiotic timing, hair removal, post-operative infection rate, readmit to surgery within 48 hours, number of transfers, number of medication errors, hair removal, number of equipment failures resulting in harm of the patient, patient falls, patient burns, wrong site, wrong procedure, wrong implant, wrong patient, wrong surgeon, number of unexpected complications, cardiac/respiratory arrest, hemorrhage/excessive bleeding, nausea and/or vomiting (Where two interventions are given in the PACU, do not count medications given in the OR), and blood pressure requiring intervention.

Attachment E

Interoperability with Other Providers

In 2014 Piedmont Outpatient Surgery Center used EHR/Practice Management software that was more up-to -date and was built for surgical centers. This software is called Vision from SourceMedical. 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 helped 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.

Attachment G

Report to Statewide Data Processor

Pursuant to the material representations made in your application and the conditions imposed on the CON certificate, the facility is required to submit utilization and payment data to the statewide data processor as required by G.S. 131E-214.2. Did the facility submit utilization and payment data to the statewide data processor during the reporting period?
_ Yes ___ Truven is the statewide data processor. The reports submitted are attached.