

Single-Specialty Ambulatory Surgery Facility Demonstration Project  
Annual Evaluation Report Summary  
Triangle Orthopaedics Surgery Center  
Year 2 (3/1/2014 – 2/28/2015)

Triangle Orthopaedics Surgery Center received a license in February 2013 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 agency received the second year's project report in April 2015 for the time period of March 1, 2014 to February 28, 2015.

The facility reported that of the nineteen physicians practicing at the facility, three are not owners of the practice. All physicians maintained privileges and took ER call at local hospitals. The report lists the hospitals at which each physician maintained privileges, the number of hours of ER call taken and the hospitals at which each one took call. (Attachments G and H)

Based on the facility's information related to 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 7.77% of the facility's revenue was attributed to self-pay and Medicaid patients, a decrease from the Year 1 figure of 9.33%. (Attachments A and B)

Since initial licensure, the facility has used a surgical safety checklist adapted from the World Health Organization. This checklist consists of information entered into required fields that are integrated into the electronic health records (EHR). Staff must complete the checklist before they can enter additional documentation on the case into the EHR. The report indicates that daily chart audits verified that 100% of the surgeries had used this checklist. (Attachment D)

The facility addressed the four required measures for tracking quality assurance, in accordance with the conditions set forth in the certificate of need. In addition to the four required measures, the facility exceeds these requirements and tracks additional measures. The report contained information showing minuscule negative results based on the numbers and percentages reported. (Attachment E)

An EHR interface exists between the facility and physicians' offices. This software is specifically designed to be used in surgical centers. An additional interface is under development to facilitate coordination of surgery scheduling requests. The report included a detailed explanation of this operation. (Attachment F)

The facility supplied evidence that it reported utilization and payment data to the statewide data processor, as required by G.S. 131E-214.2 and as a criterion of the Plan. (Attachment C)

Based on the review of the annual report, the agency determined that Triangle Orthopaedics Surgery Center has shown substantial compliance with the demonstration project criteria outlined in the Plan and the certificate of need.