

Single-Specialty Ambulatory Surgery Facility Demonstration Project  
Annual Evaluation Report Summary  
Triangle Orthopaedics Surgery Center  
Year 3 (3/1/2015 – 2/29/2016)

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 demonstration project criteria in Table 6D in the *2010 Plan*. The agency received the third annual report in August 2016 for the time period of March 1, 2015 to February 29, 2016.

The facility reported that of the 14 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. (Attachment A)

Due to staff turnover and lack of data for March 1, 2015 to July 31, 2015, financial information was provided for a different time period: August 1, 2015 to July 31, 2016. Based on the facility's information related to the number of and payor source of the patients served, the facility's total revenue attributed to self-pay and Medicaid was less than the seven percent required by the demonstration project criteria in Table 6D in the 2010 Plan and Condition 4 on the certificate of need. The documentation included in the third annual report showed that 5.12% of revenue was attributed to self-pay and Medicaid patients. In the second annual report, the facility reported that total revenue attributed to self-pay and Medicaid was 7.77%. In the first annual report, the facility reported that total revenue attributed to self-pay and Medicaid was 9.33%. (Attachment 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 C)

In accordance with Condition 8 on the certificate of need, the facility addressed the four required measures for tracking quality assurance (wound infection rate, post-operative infections, post-procedure complications, readmissions, and medication errors) and also tracks several additional measures. The report contained information showing overall negative results in less than 0.4% of cases, based on the numbers and percentages reported. Issues were noted in the areas of post-operative infections and patient transfer (Attachment D)

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 E)

The facility documented that it reported utilization and payment data to the statewide data processor, as required by G.S. 131E-214.2 and the demonstration project criteria in Table 6D of the *2010 Plan*. (Attachment F)

Based on the review of the annual report, the Agency determined that Triangle Orthopaedics Surgery Center materially complies with all but one of the demonstration project criteria in Table 6D of the *2010 Plan* and Condition 8 on the certificate of need. The facility did not meet the requirement that at least 7% revenue would be attributed to self-pay and Medicaid patients.