

AAAASF

Newsletter

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CONTENTS

FDA Warning.....	2
2001-2002 Committee Chairmen.....	2
Analysis of HCFA's Stark II Final Rules.....	3
Illinois Works to Regulate Office-Based Anesthesia.....	3
Donations to the AAAASF Educational Foundation.....	3
Notice: AAAASF Training Workshop.....	4
New Medical Privacy Rules	4
Announcement	4
Newly Approved Facilities	5
From the Central Office	5
Pending State of Ohio Legislation of Interest to Members of AAAASF.....	6
Include Your Staff	Insert

and more inside...

President's Message

Ronald E. Iverson, M.D., F.A.C.S.
AAAASF President

Presidential Message Safety is Our Mandate

The shock of the events of September 11, 2001 in New York, Washington, DC, and Pennsylvania is still deeply ingrained in the minds of all Americans. We have subsequently dealt with the many Anthrax exposures and infections, involving at least one person who worked in a hospital. These events bring up the question of safety and security in every aspect of our lives. Our responsibilities as a physician and an employer extend not only to our family and patients, but also to our staff.

My concern for the safety of patients has been paramount for many years. It is for that reason that I have been so actively involved in AAAASF. This organization is committed to identify the best ways in which to make ambulatory surgery centers and office-based surgery centers as safe an environment as is humanly possible. By stringently following the standards of AAAASF, our accredited facilities can comfortably boast that they are providing a safe, surgical environment for their patients and promoting high

standards for outpatient surgery.

The AAAASF brochure, *Setting the Standards for Quality Patient Care*, outlines for the public and for insurance carriers what it means to be accredited by the AAAASF. It states, "AAAASF has designed an accrediting program to help provide patients with the assurance of safety and quality in all aspects of the outpatient surgical experience. To achieve this goal every AAAASF accredited ambulatory surgery facility must meet stringent national standards for equipment, operating safety, personnel and surgeon credentialing." It is important that we all take this mandate very seriously. AAAASF requires 100% compliance to our standards, and that is something for which we can be proud. It is imperative that physicians and our employees emphasize safety in the outpatient setting during every patient contact. There is a great deal of anxiety about safety in general, and discussing the safety of outpatient surgery with prospective and preoperative patients is a proactive way to allay real concerns. The AAAASF brochure can be very helpful during those discussions.

It is also a time to review the many

(continued on page 2)

American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

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The opinions expressed within are those of the contributors to the AAAASF Newsletter and do not necessarily reflect the opinions or views of the AAAASF.

AAAASF Mission Statement: It is the mission of the Association to develop and implement standards of excellence for quality patient care through an accreditation system for ambulatory surgery facilities and to serve the public interest by providing accurate and timely information regarding surgery in ambulatory surgery facilities.

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(continued from page 1)

safety features and programs that you have in your facility. Examples of safety programs may include: how to deal with incoming mail, drills for earthquake preparedness, fire safety drills, and even the management of violence in the office by unhappy patients. It is important to consider these scenarios in advance and to be prepared in all areas, thus ensuring safety in these currently risky times. Before a disaster strikes, secure your home and your facility. Check and replenish supplies to handle emergencies, for your responsibilities include protection of yourselves, your family, your patients and your employees in the event of a disaster. Once all safety measures are in place, be ready to act and be ready to help.

Thus, as we are all anxious about our daily safety from acts of terrorism, it is time to focus on safety in all aspects of our lives. Safety is the bottom line in what we must provide for our families, patients, staff and ourselves.

FDA Warning

In the December 6, 2001 issue of *The Wall Street Journal* (page 1) appeared a strong FDA warning issued for droperidol (Inapsine), a tranquilizer commonly used by anesthesiologists. The agency said the drug can cause heart damage even at standard low doses and urged the use of alternatives.

2001-2002 COMMITTEE CHAIRMEN

2001-2002 Committee Chairmen

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Strategic Planning Committee—Michael F. McGuire, M.D.
Technology and Communications Committee—Geoffrey R. Keyes, M.D.

ANALYSIS OF HCFA'S STARK II FINAL RULES

Phase I of the extensive, detailed, and complicated federal regulations implementing Stark II, the Physician Self-Referral Law, have recently been issued. The law prohibits a physician from making a referral to an entity for the furnishing of designated health services (DHS) covered by Medicare if the physician or an immediate family member of the physician has a financial relationship with that entity, unless a statutory exception exists.

The statute and regulations are both difficult to navigate and portentously daunting.

Phase I of the regulations covers the three basic provisions of the Stark II statute:

1. The prohibition of physician self-referral
2. Definitions of key terms including "group practice" and

"designated health services"

3. Exceptions to ownership and certain compensation relationships, including the in-office ancillary services exception.

There is no definitive word on when the Phase II rules will be issued. For the detailed report in full, contact the Jenner & Block Health Care Law Practice Group at 312-222-9350 for a copy of the Spring 2001 Special Report: Analysis of Stark II Final Rules, or visit the Health Care Law page of the Jenner & Block web site at www.jenner.com.

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ILLINOIS WORKS TO REGULATE OFFICE-BASED ANESTHESIA

In mid-January 2001, a foreboding proposal of intent from the State of Illinois Department of Professional Regulation was made to govern the administration of anesthesia by certified registered nurse anesthetists (CRNAs) in office-based surgical settings. It wanted physicians who employed CRNAs in office-based surgical settings to complete 60 hours of advanced anesthesiology education in order to use "conscious sedation" and 2,200 hours for "deep or general anesthesia" plus advanced cardiac life support (ACLS) certification.

Alternative and more acceptable rules from the Illinois State Medical Society were proposed and did become effective March 15, 2001. These rules will require a minimum of eight hours of continuing medical education (CME) for "conscious sedation" every three-year license renewal period and four of those hours to be completed by July

2002. The new rules also require physicians to obtain advanced cardiac life support (ACLS) certification by November 1, 2001.

For deep sedation, regional anesthesia and/or general anesthesia, 34 hours of CME in the delivery of general anesthesia will be required within the three-year license renewal period. Sixteen of those hours are to be finished by July 2002. For this category of requirement, ACLS certification must be obtained no later than November 1, 2001.

One further requirement for CRNAs in Illinois will be to "enter into a written practice agreement" with the physician to authorize the categories of care, treatment, or procedures to be performed by the CRNA.

DONATIONS TO THE AAAASF EDUCATIONAL FOUNDATION

Dennis Anderson, M.D.
Daniel Brauman, M.D.
Alan Gold, M.D.
Ali Hassan, M.D.
Robert Kenevan, M.D.

Jeffrey Kylo, M.D.
Elliott Rose, M.D.
Scott Sessions, M.D.
David Wood, M.D.
James Yates, M.D.

The privilege of helping the education efforts of AAAASF with your personal donations is extended for a short time longer this calendar year.

NOTICE: AAAASF TRAINING WORKSHOP

In conjunction with the Annual ASAPS Convention in Las Vegas, Nevada, the yearly AAAASF Training Workshop will be held in Las Vegas on Sunday, April 28, 2002 from 8:00 a.m. to 5:00 p.m.

All accredited facility directors should attend at least one course every three years. This is especially important since the ASPS and ASAPS are requiring members to be accredited by July 2002.

Article XIV of the Bylaws of the American Society of Plastic Surgeons is reprinted here for your information:

Accredited Surgical Facilities

Section 1. *Policy:* By July 1, 2002 all Active Members and

Candidates for Membership in American Society of Plastic Surgeons (ASPS) who perform plastic surgery under anesthesia, other than minor local anesthesia and/or minimal oral tranquilization, must perform all such plastic surgery in a surgical facility that meets at least one of the following criteria: Accredited by a national or State recognized accrediting agency/organization such as the AAAASF, AAIC, or JCAIIO; certified to participate in the Medicare program under Title XVIII and/or licensed by the State in which the facility is located. [A similar statement appears in the Bylaws of the American Society for Aesthetic Plastic Surgery (ASAPS).]

Compliance is a requirement of membership in AAAASF, and each member annually shall sign and return to the Association a statement attesting to compliance.

NEW MEDICAL PRIVACY RULES

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires standards for electronic transactions and code sets, security and electronic signature standards, national identifiers, and standards for privacy of individually identifiable health information. Final rules for the privacy of identifiable health information were issued by the Department of Health and Human Services on December 28, 2000 and became effective April 14, 2001. They are available online at <http://aspe.os.dhhs.gov/admnsimp>. Separate sets of regulations (not addressed in this article) cover or will cover electronic transactions and code sets, security and electronic signatures, and national identifiers.

The compliance date of the privacy regulations for most covered entities is April 14, 2003. Small health plans are not required to comply until April 14, 2004. The regulations continue to attract much criticism, and it is likely that the regulations will be modified to some extent prior to the final compliance dates.

The final privacy rule establishes the standards for the use and disclosure of protected health information; establishes consent and authorization requirements for otherwise protected health information; requires covered entities to establish privacy practices; and permits individuals to access and amend protected health information.

Enforcement and Penalties

The Office of Civil Rights of the Department of Health and Human Services has been designated to enforce the regulations. Civil and criminal penalties for violation of a statute can be not more than \$100 per person per violation, not to exceed \$25,000 per person for violations in any calendar year. Violating knowingly, under false pretenses, or intent to use for commercial advantage carry increasingly larger fines (by factors of ten) plus imprisonment.

Copies of the complete regulations are available from the AAAASF Central Office.

ANNOUNCEMENT

The American Biological Safety Association (ABSA) has searched Internet web sites regarding Bioterrorism. These sites have been determined to be of value to practicing biosafety professionals in search of relevant information that

would aid planning and response efforts to the events. The list is too long for total publication here, but it will be kept on file at the AAAASF Central Office and will be available upon request.

NEWLY APPROVED FACILITIES

Class C Facilities

Brian Kinney, M.D., *Los Angeles, CA*

Stephen Pratt, M.D., *Nashville, TN*

Peter Lee, M.D., *Las Vegas, NV*

Doran Stark, M.D., *Lakeland, FL*

Lawrence Gross, M.D., *Stockbridge, GA*

Robert Brown, M.D., *Opelika, AL*

Christopher Morea, M.D., *Raleigh, NC*

Valdemar Ascencio, M.D., *Laguna Hills, CA*

Rodney Young, M.D., *Charleston, SC*

Jean Loftus, M.D., *Fort Wright, KY*

Richard Baxter, M.D., *Mountlake Terrace, WA*

Richard Rand, M.D., *Bellevue, WA*

Russell Young, M.D., *Murray, UT*

W. L. Wuest, M.D., *Conroe, TX*

William Roger, III, M.D., *Ashland, KY*

Norman Schulman, M.D., *New York, NY*

Steven Schuster, M.D., *Boca Raton, FL*

Karl Wustrack, M.D., *West Linn, OR*

Theodore Fifer, M.D., *Effingham, IL*

Greg Ratliff, M.D., *Tulsa, OK*

Jay Fine, M.D., *Pembroke Pines, FL*

Thomas Hubbard, M.D., *Virginia Beach, VA*

Class B Facilities

Stephen Bennett, M.D., *Salt Lake City, UT*

John Ritrosky, M.D., *Ft. Myers, FL*

Erlan Duus, M.D., *Lawton, OK*

Thomas Hagerty, M.D., *Kingston, NY*

Medicare Facilities

George Peck Jr., M.D., *West Orange, NJ*

6-Month Provisional Status

Nicholas Nikolov, M.D., *Beverly Hills, CA*

Thanh Nguyen, M.D., *Westminster, CA*

Shahram Taheri, M.D., *Beverly Hills, CA*

Miguel Delgado, M.D., *Novato, CA*

FROM THE CENTRAL OFFICE...

If new physicians join your staff: For all new physicians joining your staff, the Central Office must be provided with copies of Board Certificate(s), State Medical License(s), and letter(s) delineating hospital privileges within 30 days of the surgeon's initial use of the facility.

AAAASF contact information: Now you can contact the Accreditation Office toll-free at 1-888-545-5222, e-mail: aaaasf@sprynet.org, and web site: www.aaaasf.org.

Certificates of Accreditation are dated on a yearly basis: During the self-evaluation years, once the accreditation process is complete and deficiencies, if applicable, are corrected, a date sticker will be issued for your certificate.

PENDING STATE OF OHIO LEGISLATION OF INTEREST TO MEMBERS OF AAAASF

OHIO on LIPOSUCTION

1. A physician performing liposuction in the office setting must:
 - a. demonstrate sufficient education and experience;
 - b. hold current privileges at a local JCAHO accredited hospital;
 - c. have successfully completed a residency training approved by ACGME;
 - d. be certified by an ABMS recognized specialty board;
 - e. have current ACLS/ATLS training within the last two years
 - f. have at least 20 hours of Category I CME in delivery of anesthesia in the most recent biennial year.
2. Liposuction in the office setting shall *not* be performed in combination with other procedures;
 - a. The *tumescent liposuction technique* . . . shall be the *only* method of performing liposuction in the office setting.
 - b. Oral anxiolytics, sedatives, or narcotic analgesics at dosages that are not associated with respiratory depression may be used with tumescent liposuction.

- c. The cannula utilized shall be no larger than 4.5 mm in diameter.
- d. The concentration of lidocaine in the tumescent solution shall *not* be greater than 0.1 percent.
- e. The concentration of epinephrine in the tumescent solution shall *not* be greater than 1.5/1,000,000.
- f. Appropriate monitoring must be performed.
- g. The written discharge instructions given to the patient must include specify information concerning lidocaine toxicity and the symptoms, which might appear.
- h. The use of liposuction as a treatment of obesity is experimental and would be subject to all regulations concerning experimentation.

Editor's note: These regulations are only *pending* thus far; therefore, plastic surgeons in Ohio have time to make their concerns known. The wordings, "tumescent liposuction technique . . . shall be the only method of performing liposuction in the office setting" and "The cannula utilized shall be no larger than 4.5 mm in diameter" should raise questions. Perhaps the Ohio plastic surgeons might consider requesting that the specific cannula size and the wording "the only method of liposuction in the office setting" could best be deleted.

INCLUDE YOUR STAFF

We would like to send a copy of the *AAAASF Newsletter* to your Operating Room Manager/Head Nurse. Please complete the following information and return it to the Central Office.

OR Manager/Head Nurse _____

Facility Name _____

Facility Address _____

Telephone _____

Fax _____

E-mail _____

Web Site _____

Please take the time to complete this form as AAAASF will list your web site and your facility's e-mail address on our web site.

Please return via fax or mail to: AAAASF Central Office, 1202 Allanson Road, Mundelein, IL 60060-3808, Fax 847-566-4580

INCLUDE YOUR STAFF

We would like to send a copy of the *AAAASF Newsletter* to your Operating Room Manager/Head Nurse. Please complete the following information and return it to the Central Office.

OR Manager/Head Nurse _____

Facility Name _____

Facility Address _____

Telephone _____

Fax _____

E-mail _____

Web Site _____

Please take the time to complete this form as AAAASF will list your web site and your facility's e-mail address on our web site.

Please return via fax or mail to: AAAASF Central Office, 1202 Allanson Road, Mundelein, IL 60060-3808, Fax 847-566-4580

Please note that your facility will be billed based upon the information in our files. The number of surgeons and their specialties are broken down below in order to classify each facility; therefore, it is imperative that your records are accurate and up-to-date. Please inform us of any changes within your facility. The accreditation fees are outlined below.

ANNUAL FEES FOR ACCREDITATION

Surgeons	Specialties	Class		
		A	B	C
1-2	1-2 specialties	\$ 675.00	\$1,000.00	\$1,000.00
3-5	1-2 specialties	\$ 950.00	\$1,400.00	\$1,400.00
3-5	3 or more specialties	\$1,200.00	\$1,650.00	\$1,650.00
6-9	1-2 specialties	\$1,325.00	\$2,000.00	\$2,000.00
6-9	3 or more specialties	\$1,575.00	\$2,250.00	\$2,250.00
10+	1-2 specialties	\$1,700.00	\$2,900.00	\$2,900.00
10+	3 or more specialties	\$1,950.00	\$3,700.00	\$3,700.00

ANNUAL FEES FOR MEDICARE CERTIFICATION

Surgeons	Specialties	Class	
		B	C
1-2	1-2 specialties	\$1,500.00	\$1,500.00
3-5	1-2 specialties	\$1,900.00	\$1,900.00
3-5	3 or more specialties	\$2,150.00	\$2,150.00
6-9	1-2 specialties	\$2,500.00	\$2,500.00
6-9	3 or more specialties	\$2,750.00	\$2,750.00
10+	1-2 specialties	\$3,400.00	\$3,400.00
10+	3 or more specialties	\$4,200.00	\$4,200.00

1. AAAASF Information Packet—Includes the Resource Guide, Standards and Checklist Booklet, and other valuable information that will aid in preparing for accreditation. **\$250**

2. Infection Control and Hazardous Waste Manual—An extensive manual that highlights the proper way to handle hazardous waste and includes infection control techniques. **\$25**

3. Patient's Bill of Rights Plaque—An attractive way to display the Patient's Bill of Rights in your office. **\$25**

4. AAAASF Patient Brochure—This brochure describes accreditation and provides reassurance to patients that they are receiving services in a safe, cost-effective facility. This brochure is only available to AAAASF accredited facilities. Packages of 100. **\$95**

5. Floor Plan Review—A general review of floor plans to ensure compliance with standards for a segregated Operating Suite. **\$250**

Order Form

Quantity	Item #	Price
_____	1	\$250.00
_____	2	\$ 25.00
_____	3	\$ 25.00
_____	4	\$ 95.00
_____	5	\$250.00

Total Enclosed _____

Facility Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

**Mail to: AAAASF, 1202 Allanson Road,
Mundelein, IL 60060-3808; or fax to: 847-566-4580**

**AAAASF Newsletter
Advertising Rates**

Size	Camera Ready	Typeset
Full page 7-1/2" x 9-1/2"	\$600	\$780
1/2 page 7-1/2" x 5"	\$400	\$520
1/4 page 3-3/4" x 5"	\$200	\$260
1/8 page 3-3/4" x 2-1/2"	\$100	\$130

Classified advertising is available at \$0.75 per word with a minimum charge of \$25 per ad. If you don't fit in any of the existing classifications, we'll create one for you.

Deadline Dates

Spring Issue March 8

Summer Issue July 8

Winter Issue November 8