

American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

Newsletter

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CONTENTS

Include Your Staff	3
Recent News Items of Interest to AAAASF Members	4
Pertinent News Items for ASCs	5
Newly Approved Facilities	6
New Foundation for AAAASF ...	7
Donations to the AAAASF Educational Foundation	7
Announcement	7
From the Central Office	7
Annual Fees for Accreditation and Medicare Certification	8
Advertising Rates	8

and more inside...

PRESIDENT'S MESSAGE

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

Patient Safety

AAAASF's major commitment is to *patient safety* in the office-based surgical facilities and ambulatory surgery centers that we accredit. When the Association was founded in 1980, the visionary surgeons who established it were in search of a gold standard to assure the public that patients could be cared for in an outpatient setting as safely as in a hospital. This gold model was an accreditation program with standards that are the backbone of our current process. These AAAASF standards have been re-evaluated and modified over the years to keep our association in the forefront of the accreditation process. We have also been given "deemed status" by the U.S. Government to accredit Medicare facilities, and we have developed additional requirements for those facilities.

Three primary criteria set AAAASF apart from other accrediting organizations and allow us to be in the forefront of providing safe patient care in our accredited facilities. 1) We require 100 percent compliance in order to be AAAASF accredited. 2) AAAASF only

recognizes surgeons from the 10 surgical specialties, certified by the American Board of Medical Specialties, to operate in accredited facilities. 3) We also require that individual surgeons have privileges in a hospital for the same types of procedures that they perform in AAAASF-accredited facilities.

These major commitments to patient safety, based upon our standards, are the reason that when problems arise from a procedure, such as liposuction, we at AAAASF are confident in our response to regulatory and insurance agencies or other groups that seek our counsel, that patients in our accredited facilities are as safe as in a hospital surgery.

Patient safety is not just an issue for accrediting organizations. It is the motto for all surgeons. The American Society of Plastic Surgeons (ASPS) and the American Society for Aesthetic Plastic Surgery (ASAPS) took the bold step three years ago to require their members to be working in accredited facilities by July 1, 2002. The deadline has come, and with few exceptions the surgeons of these facilities are in compliance. This requirement has been extremely valuable for ASPS, ASAPS, and

(continued on page 2)

American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

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The AAAASF Newsletter is published three times a year. Contributions to the AAAASF Newsletter are welcome, but may be edited for clarity and placement purposes. Submissions for the Winter issue must be received by **November 8, 2002.**

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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)

AAAASF when they have interfaced with State medical boards, regulatory agencies, legislatures, and third-party payers on the issue of patient safety. It illustrates that we in organized surgery hold patient safety as our primary concern and feel that accreditation, or a similar processes such as licensure, is necessary to provide a safe environment. The ASPS Committee on Patient Safety in Office-Based Surgery Facilities has representation from AAAASF, ASAPS, and Anesthesia. This Committee is currently producing several practice advisories on Office-Based Surgery (OBS) to assist surgeons in providing the appropriate care in OBS facilities.

The National Patient Safety Foundation (NPSF) has now called together a number of associations to examine the issue of OBS safety. The initial planning for this was June 3-4, 2002. This foundation reached a number of conclusions such as:

- 1) It is important to improve office-based surgery facilities without burdensome federal and State regulations.
- 2) Accreditation should be mandatory.
- 3) Safety in the office-based facility should be no less than that of a hospital or ACS.
- 4) The standard for facilities should be uniform across State boundaries.
- 5) The public needs to be better informed relative to the safety of office-based surgery.

These and the other goals of the NPSF group are supported by AAAASF.

The American Board of Medical Specialties (ABMS)/Council of Medical Specialty Societies (CMSS) has established a Patient Safety Working Group, which met for the first time in July 2002. Their stated goal is to coordinate the efforts for patient safety for physicians certified by one of the ABMS boards.

The American College of Surgeons (ACS) has been involved in the guidance of ambulatory surgical care for surgeons for many years. They have had an Ambulatory Surgery Committee establishing guidelines for OBS that are available from the ACS. These guidelines are supported by AAAASF.

Obviously, State medical boards, State regulatory agencies, State
(continued on page 3)

(continued from page 2)

legislatures, and the federal government are very interested in the safety of patients in all surgery facilities. The Office of the Surgeon General (OSG) recently issued a very thorough report on the accreditation process that included Medicare facilities. There are aspects of the process of which the OSG was very critical. This process is being evaluated closely by a number of committees, groups, and organizations throughout the government and medicine. Our patients, medical consumers, are also extremely interested in patient safety during surgery.

The media looks for every opportunity to sensationalize the arena of office-based surgery. Unfortunately, it reports usually negative surgical outcomes. If the problem occurred in a hospital, ACS, accredited OBS, or an unaccredited facility, it is bad enough, but in an unaccredited facility, the criticism always becomes more severe. We would like to avoid these problems because no matter in which type of facility a problem occurs, surgeons all seem to be implicated by innuendo.

What should be done to motivate surgeons to be involved with accreditation? Motivation is strongest when State laws require accreditation, and third-party payers are influenced by the standards of accreditation. It is by Board Certification that we demonstrate that we are adequately trained to carry out surgical procedures. We support and follow continuing

medical education and other programs to maintain our surgical skills. It is by working in accredited facilities and being involved in the process of the facilities that we stay focused on safety issues. These critical standards allow us to assure our patients that their best interests are being looked after at all levels.

We are all motivated to participate in the certification and the accreditation process. It is this motivation that keeps AAAASF Board of Directors, committee members, and others so heavily involved in all patient safety issues throughout organized medicine and in the regulatory agencies.

I would like to thank the hard-working members of our Board of Directors and our committees for their dedication to the efforts of providing a safe environment for patients and for making AAAASF the *gold standard* for accreditation of outpatient surgery facilities.

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

RECENT NEWS ITEMS OF INTEREST TO AAAASF MEMBERS

Malpractice Premiums Rise

Same-day surgery programs across the country are experiencing rising insurance premiums and, in some cases, loss of their carrier. Consider these suggestions:

- Start shopping for insurance at least four months before your renewal date.
- Demonstrate the quality of care by attaching a copy of your risk management plan to your bid, showing your accreditation, and touting your involvement with national and State associations.
- Consider using technology, such as active electrode monitoring.
- A national medical malpractice program for surgery centers and surgical hospitals may be organized by August 2002. [Reported in *Same-Day Surgery*, pp. 73-84, June 2002.]



Active Electrode Monitoring (AEM) Improves Patient Safety

The number of laparoscopic malpractice claims (1,426) filed between 1995 and 1999 was almost double the number filed between 1990 and 1994. As the number of laparoscopic procedures that use electrosurgical tools increases, so does the risk of patient burns and injuries from stray electricity. AEM reduces the risk of two of the three types of stray energy.

- Capacitive coupling and insulation failure are not likely to occur because AEM directs stray energy away from the patient through shielded instruments.
- The patient is protected from insulation failure because AEM equipment will shut down if energy readings reach a dangerous level.
- Direct coupling is now prevented by AEM because it occurs when the surgeon touches metal instruments to each other.

For information about active electrode monitoring equipment contact: Encision, 4848 Sterling Drive, Boulder, Colorado 80301, 303-444-2600, web site: www.encision.com.



New JCAHO Surprise Survey Plan

The publication, *Same-Day Surgery*, p. 83, June 2002, reports that the Joint Commission on Accreditation of Healthcare Organizations has announced that five percent of JCAHO

accredited organizations will undergo a random unannounced survey (RUS) in 2002. The Joint Commission selects organizations between nine and 30 months after their full surveys. This is for hospitals and for groups accredited with them.



Collect Co-payments and Deductibles Up-front

You should collect patient co-payments and deductibles *up-front*. To accomplish this, an office policy should tell staff members to take the following six steps:

- Get insurance information when patient schedules appointment.
- Contact insurer to find out deductible and/or co-pay amount.
- Confirm appointment and payment with patient.
- Tell patient about your up-front payment policy.
- If patient can't pay, set up payment plan and fill out financial agreement.
- At registration collect money, and/or have patient sign financial agreement.

The model policy is printed in the June 2002 issue of *Ambulatory Surgery Compliance & Reimbursement Insider*, which is published by Brownstone Publishers, Inc., New York, 1-800-643-8095.



OSHA's "New" Ergonomics Initiative

On March 20, 2001, President Bush repealed the previous (November 14, 2000) OSHA Ergonomics Program Standard. Nonetheless, on April 4, 2001, OSHA unveiled a different approach with no less intent to affect the workplace. It described a four-point approach to workplace control of musculoskeletal disorders ("MSDs"), consisting of 1) guidelines, 2) enforcement, 3) outreach and assistance, and 4) research.

Quoting from the article clarifies the intent: "Despite having no formal guidelines to assist employers in recognizing and controlling ergonomic hazards, OSHA nevertheless intends to embark on an aggressive 'enforcement' campaign. What OSHA intends to enforce, however, remains a mystery." For further information, please contact Nina G. Stillman at 312-609-7560.



PERTINENT NEWS ITEMS FOR ASCs

The Spring 2002 *AAAASF Newsletter* reported the ongoing conflict in the State of Florida between the anesthesiologists and the owner-operators of ambulatory surgical facilities and surgical facilities outside of hospitals. This is regarding the overseeing and regulating anesthesia and CRNAs in those facilities. Dr. Edward Truppman presented revealing statistics to the AAAASF Board of Directors at the recent Las Vegas Meeting.

In 1999, ambulatory and outpatient settings accounted for over 70 percent of the 66.5 million surgical procedures billed to Medicare annually. This outweighs the hospital inpatient settings by five to one.

Dr. Truppman compared a summary of adverse incidents between hospital-reported incidents and ASC-reported injuries. Outcomes ranged from “surgical procedures done on the wrong site or patient to death” plus many other problems, including injuries from surgeries. The totals in 2001 were 934 in hospitals against 117 in ASCs. In the year 2000, the totals were 752 in hospitals and 123 in ASCs. It is a gross misstatement for Florida claims that greater dangers exist in ASCs than in hospitals.



In March 2002, a report in the *Health Journal* recounted the 1999 issue data, which showed that 98,000 deaths in U.S. hospitals were due to physician error. Five States have initiated legislation aimed at reducing medical error by requiring evidence of new safety procedures.

The Leapfrog Group, a consortium of big employers and healthcare purchasers, wants hospitals to adopt computerized physician-order entry systems for prescriptions, lab tests and procedures.

This will be difficult to implement because of cost and doctor-reluctance, but it is estimated that in the future such technology will become inevitable.



PATIENT PRIVACY: The Health Insurance Portability and Accountability Act (HIPAA) allows physicians and nurses to have broad access to patient information. In every other way, it is a huge challenge to comply with HIPAA’s mandate that

covers protected health information (PHI). Role-based access is a technique to insure that employees, physicians, and others use or disclose only the “minimum necessary” amount of PHI needed to do their jobs.

Definite and, in most cases, reasonable conditions are followed by the Department of Health and Human Services (HHS) on the subjects of informed consent [the most significant change in the March 27, 2002, *Federal Register* announcement] and reporting of contagious and sexually transmitted diseases. Permissible paging of patients, suggestions on how to handle mischievous or dishonest employees, and special concern on how to be creative with PC passwords are areas that each physician must know and utilize.



Medicare rules require State surveyors to come to your ASC to check that you are complying with Medicare’s standards for ASC certification. They can force you to make expensive changes to get your ASC into compliance, and can even terminate your Medicare provider license. CMS (formerly HICFA) recently issued a letter to its State surveyors clarifying many of its policies. The letter clarifies that ASCs:

- Must keep separate waiting and recovery rooms, but not pre-op area;
 - Won’t hurt their Medicare certification by sending non-Medicare patients to an overnight facility other than a hospital; and
 - Don’t need a sterile operating room in certain situations.
- For further specifics on a model letter to your State surveyor, go to www.petersj@arentfox.com.



It was announced in the June 13, 2002 *Managed Care Report*, that a possible precedent-setting ruling by a Georgia trial court has ordered the State’s Blues affiliate, California-based Wellpoint, to reveal its fee schedules and method for calculating payments to doctors. Physician’s associations across the country hope that this will be a precedent. The California Department of Managed Healthcare is now preparing tough rules to accomplish these actions.



NEWLY APPROVED FACILITIES

Class C Facilities

Neil N. Saretsky, M.D., *Dallas, TX*
Lloyd D. Landsman, M.D., *Smithtown, NY*
Chili Robinson, M.D., *Corpus Christi, TX*
J. Allen Clark, III, M.D., *Montgomery, AL*
Louis Morales, Jr., M.D., *Salt Lake City, UT*
Luis Cenedese, M.D., *New York, NY*
Thomas Loeb, M.D., *New York, NY*
Peter L. Schwartz, M.D., *Woodbury, NY*
David Gilbert, M.D., *Norfolk, VA*
David Knize, M.D., *Englewood, CO*
Paul LoVerme, M.D., *Verona, NJ*
Fred Aguilar, III, M.D., *Houston, TX*
Mathieu Hinze, M.D., *Nacogdoches, TX*
John W. Decorato, M.D., *Staten Island, NY*
Nicholas Nikolov, M.D., *Beverly Hills, CA*
Edward Bednar, M.D., *Charlotte, NC*
Thomas Narsete, M.D., *Albuquerque, NM*
John E. Keiter, M.D., *Murray, UT*

Class B Facilities

Nathan Mayl, M.D., *Ft. Lauderdale, FL*
Richard Sleeper, M.D., *New Hartford, NY*
Lori Cherup, M.D., *Pittsburgh, PA*
Roger G. Brown, M.D., *Kalispell, MT*

F. Don Parsa, M.D., *Honolulu, HI*
Henry Spinelli, M.D., *New York, NY*
Richard Zeff, M.D., *Stratham, NH*
Edward Akelman, M.D., *Providence, RI*
Flora J. Danisi, M.D., *Tallahassee, FL*
Marc C. Fater, M.D., *Hyannis, MA*
Debbie A. Kennedy, M.D., *Albany, NY*
Frederick K. Park, M.D., *Rocky Mount, NC*
John S. Poser, M.D., *Gainesville, FL*
Howard N. Korn, M.D., *Corvallis, OR*
Lawrence S. Bass, *New York, NY*
T. David Burapovong, *High Point, NC*
A. Louis Mariorenzi, M.D., *Cranston, RI*

Medicare Facilities

Shahram Taheri, M.D., *Beverly Hills, CA*
Josh Korman, *Mountain View, CA*
Miguel Delgado, *Novato, CA*

6-Month Provisional Status

Frank Ryan, M.D., *Beverly Hills, CA*
B. Markowitz, M.D., *Beverly Hills, CA*
Harry Mittleman, M.D., *Los Altos, CA*
William Starr, M.D., *Oxnard, CA*

NEW FOUNDATION FOR AAAASF

Robert Singer, M.D., immediate Past President of AAAASF, reports that our organization established and incorporated a new foundation in 2001. It is titled: The American Association for Accreditation of Ambulatory Surgery Facilities Education Foundation (AAAASFEEF). It is a step forward to improve ambulatory surgery education and ensure progress in safety. It also insures a leading example of accreditation in the continuing process of creating

s u p e r i o r s t a n d a r d s .
To date, contributions from Board and Committee members have reached \$25,000. Such contributions are tax deductible, because the Foundation is a 501(c)(3) tax-exempt charitable education foundation.

Checks for contributions may be made payable to AAAASFEEF, or facility inspectors may assign their inspection

DONATIONS TO THE AAAASF EDUCATIONAL FOUNDATION

Joel E. Borkow, M.D.	Pamela Luther, R.N.
Richard D'Amico, M.D.	Steven K. Palumbo, M.D.
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Ali Hassan, M.D.	Robert M. Tornambe, M.D.
Stanley M. Jackson, M.D.	David L. Wood, M.D.
Peter Lee, 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.

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.

FROM THE CENTRAL OFFICE...

If new physicians join your staff: For all new physicians joining your staff, the AAAASF 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: info@aaaasf.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.

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

Faxes must include a credit card number (Visa, Mastercard, or AmEx), the card's expiration date, and written authorization to charge the appropriate amount.

**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