

Increasing Focus on Accreditation Of Office-based Surgical Suites

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The number of outpatient surgical procedures being performed in office-based surgical suites has increased from 1.8 million in 1989 to more than nine million in 2002.¹ The advantages of performing surgeries in office-based surgical suites include convenience for both the patient and surgeon, greater privacy for the patient, consistency in nursing staff and support personnel, and the advantage of not paying a facility fee, among other benefits.

Nonetheless, surgeons should take into consideration imminent legislation regarding office-based surgeries as they perform (or consider performing) surgeries in their offices. Surgeons might recall the legislation passed in Florida in March 2000 (i.e., Florida Statute §458.351) that required physicians to report adverse surgical incidents occurring in office practice settings. Shortly after the legislation

was implemented, a moratorium was placed on all office-based surgeries when the Florida Board of Medical Examiners received the first incident report of an adverse event that led to one patient's death. That legislation required physician reporting of adverse surgical incidents occurring in office practice settings.

In many states, however, there is little to no regulation in standards of care in non-accredited offices. Such surgical suites may not have in place the preventive measures found in in-patient facilities. Patient safety can be compromised due to the use of antiquated equipment, surgeons who are not properly trained in resuscitation techniques, and inadequate monitoring of patients during anesthesia and post-operatively. Additionally, the risk of deep vein thrombosis and pulmonary embolus is small but still significant, and factors such as nausea, vomiting, pain, and dizziness are common occurrences that can lead to unplanned hospital admissions. Surgeons must consider these risk factors as well as the overall



safety of patients when deciding whether procedures are appropriately suited for the office-based setting.

Given the possible risks of adverse events occurring in office-based surgical suites, is accreditation a viable option to addressing these issues, and what is involved in becoming accredited?

Who does the accreditation?

Currently, three major accrediting agencies accredit outpatient facilities, including physicians' offices. These are the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Accreditation Association of Ambulatory Health Care (AAAHC), and American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF). To be eligible to apply for accreditation, JCAHO, for instance, requires that the facility be owned or operated by a physician-owned professional services corporation, by a private physician's office, or by a group practice. It must be a facility where operative or invasive procedures are performed by licensed independent

practitioners who are employees or partners of the organization, and the procedures performed require minimal sedation, conscious sedation, or general anesthesia.²

After submission of an application for accreditation and meeting eligibility criterion, JCAHO begins the survey process. The on-site survey is conducted by one surveyor over one or two days. It includes an opening conference, tracer activities (following active patient records around the facility to evaluate care), observation of the center's administrative and clinical activity, assessment of the physical facilities and patient care equipment, and a leadership exit conference. After the on-site survey, the facility receives a confidential report containing the facility's "Requirements for Improvement" (RFIs). Subsequently, the facility develops an Evidence of Standards Compliance (ESC) report that describes the action the facility has taken to comply with the standards mentioned in the RFI, or to clarify why it believes it was in compliance with the standards at

the time of the survey. After the initial survey, subsequent surveys are unannounced.

The survey process for AAAASF is different from JCAHO's. The process begins with an application that must include an in-depth copy of the floor plan, including such requirements as the surgical suite being completely segregated from the office area. A floor plan for regular accreditation must have a 4-foot minimum of working space around the operating table and a certain-sized firewall built to obtain Medicare accreditation. Medicare floor plans must also pass more stringent and detailed specifications, including Life Safety Code requirements. Additional requirements for both accreditation types entail specifications that the surgeons have privileges at a hospital that is no more than 30 minutes away.

The AAAASF "Standards and Checklist" booklet lists over 500 areas that must be met by the facility to receive accreditation. This list includes the general environment, OR environ-

ment, recovery room, general safety in the facility, blood and medications, medical records, etc. Considering all these requirements, the accreditation process can take anywhere from six weeks to three months. Once accredited, inspections occur every three years and self-inspection takes place each year in between on-site inspections. Unannounced inspections take place if a sentinel event occurs.

The accreditation process for AAAHC starts with obtaining a copy of the standards in its handbook for ambulatory health care. The facility conducts a self-assessment and then submits the AAAHC 56-page application for survey. AAAHC determines the length of the on-site visit and the number of surveyors needed, as well as survey dates and fees. This process can take three to four months and, once the survey has been completed, it can take eight to 12 weeks for a new organization to receive its accreditation results.

Advantages of accreditation

Accreditation can be a valuable way to ensure safety of office-based facilities where surgical procedures are performed. The advantages of receiving accreditation include lower malpractice insurance premiums and meeting the requirements of third-party payers, who often will only cover the fees of accredited facilities. Accreditation can also mean lower insurance premiums for the facility itself.³ Beyond the financial aspects, accreditation could lead to greater recruitment and retention of a clinical workforce as a result of established standardized processes. Accreditation may also appeal to patients, who are increasingly seeking accredited healthcare facilities.

But there are some disadvantages as well. The amount of time, resources, and staff needed to achieve accreditation could be an impediment to smaller practices. The cost of the survey as well as the diligence required to maintain the standards of care can also be a significant hindrance. For instance, the cost of accreditation by the AAAASF includes inspection fees of \$500 for provisional, \$950 for regular, and \$1,400 for Medicare inspections, in addition to the annual fees. Annual fees range from \$1,105 to \$6,885 for regular accreditation and \$1,655 to \$7,410 for Medicare accreditation, depending on the number of surgeons practicing at the facility.⁴ The fees for the other major accrediting agencies, JCAHO and AAAHC, differ depending on the characteristics of the facility seeking accreditation.

Although becoming an accredited facility is usually up to individual practices, some states require it. The Federation of State Medical Boards (FSMB) reports that 20 state medical regulatory authorities have established guidelines, rules, regulations, and/or statutes for office-based surgery. Some states require accreditation depending on the level of surgery being performed and anesthesia required. Specialty organizations have also taken a stance. In 1999 the American Society of Plastic Surgeons (ASPS) mandated that all outpatient plastic and cosmetic surgery be done in an accredited facility.⁵ Surgeons in all specialties must become aware of the changing environment and the increasing attention focused on the safety of ambulatory healthcare settings. Contacting one of the major accrediting agencies can be the first step toward responding to the impending legislation.

Academy members can expect to see increasing activity around accreditation of office-based surgical facilities in the next year or so. The major accrediting organizations recently held a summit meeting, cosponsored by the Agency for Healthcare Research and Quality (AHRQ), the American College of Surgeons (ACS), and several surgical specialty societies, to review the data on patient safety in accredited facilities and explore collaborative strategies to promote accreditation of office-based surgical facilities.

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