

## What to Expect on Your Next Survey

Soon after the surveyor paid these three facilities a visit, so did we. Here's what we found out. Page: 2 of 4

*Compiled by the Outpatient Surgery Editors*



The Robert Zubowski Center for Plastic and Reconstructive Surgery, a single-physician, office-based surgery center in Paramus, N.J., underwent its first AAAASF accreditation inspection Dec. 10. Pictured (left to right) are Robert Zubowski, MD; Roseanne Cazzetta, RN; Monte Jay Goldstein, MD; and John Polen, CRT.

### AAAASF

Soon after the Robert Zubowski Center for Plastic and Reconstructive Surgery in Paramus, N.J., treated its first patients, the office-based facility sought accreditation — which in New Jersey is voluntary, not mandatory. “Patients today are aware of the importance of using accredited facilities,” says Roseanne Cazzetta, RN, the center’s clinical coordinator.

Ms. Cazzetta’s staff was fortunate in that it had worked together at another accredited office-based surgery facility. They had the teamwork in place, and using the AAAASF’s checklist and binder of guidelines that concisely spells out what they must do made the job of creating new policies based on the AAAASF specific requirements easy, says Ms. Cazzetta. The center’s anesthesiologist also helped set up guidelines associated with administering anesthesia, such as those related to emergency carts and protocols.

That’s not to say that the inspectors — a plastic surgeon who owns an office-based surgery center and a nurse who works at a plastic surgery center — didn’t offer suggestions for improvement. The plastic surgeon suggested the center add more detail to its operating room consent forms, specifically about the unanticipated risks of surgery and lifestyle issues (such as cigarette smoking) that could affect recovery.

The inspectors wanted to look at the flow of patients. So staff treated the inspectors as if they were patients at their facility and ushered them through the entire process, from admittance to discharge. From there, it was as simple as going through the AAAASF checklist to ensure the guidelines were in place. “The surveyors were very thorough and checked everything, from code carts to autoclave records,” says Ms. Cazzetta.

The inspectors looked at all medications. Since the facility was new, staff didn’t have to worry about expired drugs. But the nurse inspector did check to see whether all medications were current, so Ms. Cazzetta expects the same to occur the next time around. That won’t be hard to forget, since part of the facility’s quality assurance program is to keep track of expiration dates, she says.

A quality assurance program is another requirement of

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### What’s New at AAAASF

- **Expanded access to accreditation.** Any physician, provided he performs surgery within the scope of his practice, can now perform surgery at an AAAASF-accredited facility. Previously, a practitioner had to be on staff at the facility for an American Board of Medical Specialties-certified surgeon to perform cases at one of the roughly 1,200 AAAASF-accredited surgery centers. While those guidelines are still in place, the new provision opens the doors to such previously excluded practitioners as podiatrists, gastroenterologists and dermatologists. “By expanding our definition of who can practice at one of our centers, we are recognizing the ways that office-

the AAAASF. Staff use the "tracking operations plastic surgery" software program (TOPS) to record plastic surgery procedures. The software, which prompts staff to fill in fields about infection control practices and other essential information, helps track QA data. A three-person committee double-checks patient charts to guarantee they're complete and performs a random chart check every six months (as required by the AAAASF) for each filed OR chart.

based surgery has evolved," says AAAASF Executive Director Jeff Pearcy.

• **Web-based accreditation.** After two years of planning and testing, the AAAASF expects to introduce its Web-based accreditation process by April. Facilities can perform all of their accreditation-related activities online. Internally, inspectors can fill out reports online. "This will give us a powerful data set to identify potential patient safety issues related to office-based surgery centers and turn that into more training opportunities," says Mr. Pearcy.

Although the AAAASF inspectors offered many compliments on a job well done, the staff won't be resting on its laurels. "Live as if you'll be surveyed again in two weeks," says Ms. Cazzetta.

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