

Single-Specialty Ambulatory Surgery Facility Demonstration Project  
Annual Evaluation Report Summary  
Piedmont Outpatient Surgery Center  
Year 3 (1/1/2014 – 12/31/2014)

Piedmont Outpatient Surgery Center received a license in February 2012 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 project criteria. The agency received the third year project report on April 30, 2014 for the time period January 1, 2014 to December 31, 2015.

The facility reported that of the eleven physicians practicing at the facility, two 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 took ER call, the number of hours of ER call taken and the hospitals at which each one took call. (Attachment A)

Based on the facility's information related to the number of and payor source of the patients served, the agency was able to verify that the facility's total revenue attributed to self-pay and Medicaid was at least seven percent. The documentation included in the report revealed that 7.25% of the facility's revenue was attributed to self-pay and Medicaid patients. This percentage has decreased in each successive year of operation (from 12.36% in Year 1 and 11.65% in Year 2). (Attachments B and C)

Since initial licensure, the facility has used a surgical safety checklist adapted from the World Health Organization. Initially, the facility used paper records, but transitioned to electronic records (EHR) during Year 2. While using paper records, staff completed the checklist 100% of the time. After the transition to EHR the checklist was split into Pre-OP, Post-OP and Post-anesthesia care unit (PACU) sections. During Year 3, staff completed these sections 98.15%, 97.75%, and 99.45% of the time, respectively. (Attachment D)

The facility established four committees to track quality assurance, in accordance with the conditions set forth in the certificate of need. In addition to tracking the four required measures, the facility exceeds these requirements and tracks six additional patient outcome measures. The report contained information showing minuscule negative results on both the required and additional measures (Attachment E)

An EHR interface exists between the facility and physicians' offices. The EHR system was designed specifically for surgical centers. The report provided a detailed explanation of the operation of this system. (Attachment F)

The facility supplied evidence that it reported utilization and payment data to the statewide data processor, as required by G.S. 131E-214.2 and as a criterion of the 2010 SMFP. (Attachment G)

Based on the review of the annual report, the agency determined that Piedmont Outpatient Surgery Center has shown substantial compliance with the demonstration project criteria outlined in the Plan and the certificate of need.