

Single-Specialty Ambulatory Surgery Facility Demonstration Project
Annual Evaluation Report Summary
Triangle Orthopaedics Surgery Center
Year 5 (3/1/2017 – 2/28/2018)

Triangle Orthopaedics Surgery Center (TOSC) received a license in February 2013 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 demonstration project criteria in Table 6D in the *2010 Plan*. The Agency received the fifth annual report in April 2018 for the time period of March 1, 2017 to February 28, 2018. This is the final report required to be submitted to the Agency by TOSC.

The facility reported that of the 18 physicians practicing at the facility, four 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 maintained privileges and the hospitals at which each one took call. (Attachment A)

In the first annual report, the facility reported that total revenue attributed to self-pay and Medicaid was 9.33%. In the second annual report, the facility reported that the percentage was 7.77%. In the third annual report, the facility reported that the percentage was 5.12%. As a result of not meeting the revenue requirement in year three, the SHCC asked TOSC to provide quarterly reports showing efforts to increase the proportion of Medicaid and self-pay revenue, and to present the information at the April 4, 2017 Acute Care Services Committee meeting. TOSC complied with this request and reported that efforts successfully increased revenue above the 7% requirement. In the fourth year, the percentage was 10.66%. In the fifth year, the percentage was 9.80%. (Attachment B)

Since initial licensure, the facility has used a surgical safety checklist adapted from the World Health Organization. This checklist consists of information entered into required fields that are integrated into the electronic health records (EHR). Staff must complete the checklist before they can enter additional documentation on the case into the EHR. The report indicates that daily chart audits verified that 100% of the surgeries had used this checklist. (Attachment C)

In accordance with Condition 8 on the certificate of need, the facility addressed the required measures for tracking quality assurance (wound infection rate, post-operative infections, post-procedure complications, readmissions, and medication errors) and also tracks several additional measures. The report contained information showing overall negative results in less than 0.3% of cases, based on the numbers and percentages reported. Issues were noted in the area of post-operative infections and patient transfers. (Attachment D)

An EHR interface exists between the facility and physicians' offices. This software is specifically designed to be used in surgical centers. An additional interface has been developed to facilitate coordination of surgery scheduling requests. The report included a detailed explanation of this operation. (Attachment E)

The facility documented that it reported utilization and payment data to the statewide data processor, as required by G.S. 131E-214.2 and the demonstration project criteria in Table 6D of the *2010 Plan*. (Attachment F)

Based on the review of the annual report, the Agency determined that Triangle Orthopaedics Surgery Center materially complies with all requirements of the demonstration project criteria in Table 6D of the *2010 Plan* and Condition 8 on the certificate of need.

Open Access to Physicians

In the CON process TOSC agreed that the facility would provide open access to all orthopedic surgeons in the surrounding area. Phone calls were made to area physicians as well as an invitation to TOSC's open house. In year 5, four non-owner physicians performed cases and have regular block time at TOSC. In 2017, 2 additional non-owner, affiliated surgeons applied for privileges to bring cases to TOSC. An application has been provided to an orthopedic physician that has expressed interest and multiple non-orthopedic providers continue to request to be notified if there is a potential to expand service specialties in the future. A copy of TOSC's qualifications for membership from the Medical Staff Bylaws is available upon request and has been provided in previous reports.

Physician Responsibilities

Name of Each Physician Affiliated with the Facility during the Reporting Period	Does the Physician have any Ownership Interest in the Facility? (Yes or No)	Name of Each Hospital where the Physician has Privileges (list only one hospital per line) (provide supporting documentation)	Provided Emergency Room Coverage during Reporting Period? (Yes or No) (provide supporting documentation)
Aldridge, Julian Mack	Y	North Carolina Specialty Hospital	Y
		Durham Regional Hospital	
		Rex Healthcare	
		Person memorial Hospital	
		Granville Medical Center	
Burt, Mark	Y	Rex Healthcare	Y
		Wake Med	
		Duke Raleigh Hospital	
		Blue Ridge Surgery Center	
Dellaero, David	Y	Betsy Johnson Regional Hospital	Y
		Durham Regional Hospital	
		North Carolina Specialty Hospital	
		Person memorial Hospital	
		Granville Medical Center	
		Davis Ambulatory Surgical Center	
Dimmig, Thomas	Y	North Carolina Specialty Hospital	Y
		Durham Regional Hospital	
		Rex Healthcare	
		Person memorial Hospital	
		Granville Medical Center	
		North Carolina Specialty Hospital	
Gilbert, Brett	Y	North Carolina Specialty Hospital	Y
		Rex Healthcare	
		Person memorial Hospital	
		Granville Medical Center	
		North Carolina Specialty Hospital	
		Betsy Johnson Regional Hospital	
		Wilson Medical Center	
Hage, William	Y	North Carolina Specialty Hospital	Y
		Rex Healthcare	

Kerner, Paul			Blue Ridge Surgery Center	
	Y		North Carolina Specialty Hospital	Y
Kuremsky, Marshall			Durham Regional Hospital	
			Rex Healthcare	
			Davis Ambulatory Surgical Center	
	Y		North Carolina Specialty Hospital	Y
Liebelt, Ralph			Rex Healthcare	
			Wake Med	
			Betsy Johnson Regional Hospital	
			Blue Ridge Surgery Center	
Merz, Michael			Durham Regional Hospital	
	Y		Person memorial Hospital	Y
			Granville Medical Center	
			Davis Ambulatory Surgical Center	
Musante, David			North Carolina Specialty Hospital	
			Durham Regional Hospital	
	N		Person memorial Hospital	Y
			Granville Medical Center	
Romine, Lucas			North Carolina Specialty Hospital	
			Durham Regional Hospital	
	Y		Person memorial Hospital	Y
			Granville Medical Center	
Rosenberg, Brett			North Carolina Specialty Hospital	
			Durham Regional Hospital	
			Rex Healthcare	
			Wake Med	
Rosenberg, Brett			North Carolina Specialty Hospital	Y
			Johnston Health	
			Wilson Memorial Hospital	
			Betsy Johnson Regional Hospital	
Rosenberg, Brett			Person memorial Hospital	Y
			North Carolina Specialty Hospital	
			Johnston Health	
			Betsy Johnson Regional Hospital	

Rosenblum, Sheperd	Y	North Carolina Specialty Hospital Rex Healthcare Wake Med	Y
		Blue Ridge Surgery Center	
Silver, William	Y	North Carolina Specialty Hospital Durham Regional Hospital Person memorial Hospital Granville Medical Center Blue Ridge Surgery Center Rex Healthcare	Y
		Durham Regional Hospital	
Solic, John	Y	Durham Regional Hospital Davis Ambulatory Surgical Center Rex Healthcare Wake Med	Y
		Blue Ridge Surgery Center Person memorial Hospital	
Takenaga, Zachary	N	North Carolina Specialty Hospital Durham Regional Hospital Granville Medical Center Person memorial Hospital Granville Medical Center	Y
		North Carolina Specialty Hospital	
Viens, Nicholas	N	North Carolina Specialty Hospital Durham Regional Hospital Person memorial Hospital	Y
		Wake Med	

***Updated 7% calculation methodology utilized as of Q4 2017.

2017 Data

7% Worksheet	Self-Pay	Medicaid	Total
# of Surgical Cases	58	122	180
Average Medicare Allowable Amount per Surgical Case	3,403	2,823	3,010
Revenue (A x B)	197,358	344,439	541,798
Revenue Collected (net revenue by payor category)	86,583	34,820	121,403
Difference (C - D)	110,776	309,619	420,395
Total Net Revenue (all payors combined)	4,289,317	4,289,317	4,289,317
Percentage (E / F)	2.58%	7.22%	9.80%

2017 Data

Patient Payment Data	1/1/2017 To 12/31/17
# of Surgical Cases	2,500
REVENUE	
Gross Patient Revenue	
Self Pay/ Indigent/ Charity	563,458
Medicare / Medicare Managed Care	3,895,589
Medicaid	1,029,528
Commercial Insurance	16,948,876
Managed Care	276,953
Other (Specify)	3,947,091
Total	\$ 26,661,496
Deductions from Gross Patient Revenue	
Charity Care	424,430
Bad Debt	349,053
Medicare Contractual Adjustment	3,090,408
Medicaid Contractual Adjustment	947,134
Other Contractual Adjustments	13,308,003
Total Deductions from Patient Revenue	\$ 18,119,028
Net Patient Revenue	\$ 8,542,467
Other Revenue	\$ 104,037
Total Revenue	\$ 8,646,504



< Commonly Used Template >
 Safe Surgery Checklist Preference

Preprocedure Check-In	Sign-In	Time-Out	Sign-Out
<p>In Holding Area</p> <p>Patient/patient representative actively confirms with Registered Nurse (RN):</p> <p><input checked="" type="checkbox"/> Identity <input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Procedure and procedure site <input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Consent(s) <input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Site Marked by person performing the procedure <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input checked="" type="checkbox"/> RN confirms the presence of:</p> <p><input checked="" type="checkbox"/> History and physical <input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Preanesthesia Assessment <input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Diagnostic and radiologic test results <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input checked="" type="checkbox"/> Blood products <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input checked="" type="checkbox"/> Any special equipment, devices, implants <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="checkbox"/> Beta blocker medication given (SCIP) <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="checkbox"/> Venous thromboembolism prophylaxis ordered (SCIP) <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input type="checkbox"/> Hypothermia measures (SCIP) <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input checked="" type="checkbox"/> Notes</p>	<p>Before Induction of Anesthesia</p> <p>RN and Anesthesia care provider confirm:</p> <p><input checked="" type="checkbox"/> Confirmation of identity, procedure, procedure site and consent(s) <input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Site Marked by person performing the procedure <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input checked="" type="checkbox"/> Patient allergies <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input checked="" type="checkbox"/> Difficult airway or aspiration risk? <input type="radio"/> No <input type="radio"/> Yes (preparation confirmed)</p> <p><input checked="" type="checkbox"/> Risk of blood loss (>500ml) <input type="radio"/> Yes <input type="radio"/> N/A Number of units available <input type="text"/></p> <p><input checked="" type="checkbox"/> Anesthesia safety check completed <input type="checkbox"/> Yes</p> <p>Briefing:</p> <p><input checked="" type="checkbox"/> All members of the team have discussed care plan and addressed concerns <input type="checkbox"/> Yes</p>	<p>Before Skin Incision</p> <p>Initiated by designated team member:</p> <p><input checked="" type="checkbox"/> Introduction of team members <input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Confirmation of the following: identity, procedure, incision site, consent(s) <input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Site is marked and visible <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input checked="" type="checkbox"/> Relevant images properly labeled and displayed <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input checked="" type="checkbox"/> Equipment concerns <input type="checkbox"/> N/A</p> <p>Anticipated Critical Events Surgeon: States the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Critical or nonroutine steps <input type="checkbox"/> Case duration <input type="checkbox"/> Anticipated blood loss <p>Anesthesia Provider: Antibiotic prophylaxis initiated within one hour before incision <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Additional concerns <input type="checkbox"/> N/A</p> <p>Scrub and circulating nurse: Sterilization indicators have been confirmed <input type="radio"/> Yes <input type="radio"/> N/A Additional concerns <input type="checkbox"/> N/A</p>	<p>Before the Patient Leaves the Operating Room</p> <p>RN confirms:</p> <p><input checked="" type="checkbox"/> Name of operative procedure, Completion of sponge, sharp, and instrument counts <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input checked="" type="checkbox"/> Specimens identified and labeled <input type="radio"/> Yes <input type="radio"/> N/A</p> <p><input checked="" type="checkbox"/> Any equipment problems to be addressed? <input type="radio"/> Yes <input type="radio"/> N/A</p> <p>To all team members: What are the key concerns for recovery and management of this patient? <input type="checkbox"/> N/A</p>

Test, Amkai
 Chart: xxx /
 DOB: n/a

Case: [redacted] PP: [redacted] Height: 0' 0"
 Sx Date: 03/09/2017 04:30PM v Physician: [redacted] Weight: 0lbs
 Owner: System Administrator [Au] v Pre-Op Doc: [redacted] BMI:

General

Confirmations:

Tagged Nurses Notes:

CMS Qualifiers:

All Clear

G8907 AND

- G8916 Patient with Pre-Operative order for IV antibiotic for SSI prophylaxis administered on time.
- G8917 Patient with Pre-Operative order for IV antibiotic for SSI prophylaxis NOT administered on time.
- G8918 Patient without Pre-Operative order for IV antibiotic for SSI.

Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong side / false patient / procedure / implant event; or a hospital transfer or hospital admission upon discharge from the facility.

OR select one from each category:

- 1. Patient Burn:**
 - G8908 Patient documented to have received a burn prior to discharge.
 - G8909 Patient documented to have not received a burn prior to discharge.
- 2. Patient Fall in ASC Facility:**
 - G8910 Patient documented to have experienced a fall within the ASC.
 - G8911 Patient documented to have not experienced a fall within the ASC.
- 3. Wrong Site/Side/Patient/Procedure/Implant:**
 - G8912 Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.
 - G8913 Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.
- 4. Hospital Transfer/Admission:**
 - G8914 Patient documented to have experienced a hospital transfer or hospital admission upon discharge from the ASC.
 - G8915 Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from the ASC.
- 5. Timing of Prophylactic Antibiotic Administration:**
 - G8916 Patient with Pre-Operative order for IV antibiotic surgical site infection prophylaxis, antibiotic administered on time.
 - G8917 Patient with Pre-Operative order for IV antibiotic surgical site infection prophylaxis, antibiotic NOT administered on time.
 - G8918 Patient without Pre-Operative order for IV antibiotic for surgical site infection.

Audit Trail Reports Print Default Report

TRIO Ambulatory Surgical Center AmkaiCharts Staff

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Patient Outcomes

A comprehensive set of measures were prioritized by the Quality Improvement Committee, Infection Control Committee, Safety Committee and Medical Executive Committee. The Medical Executive Committee is comprised of 4 physician owners and 1 non-owner, one of which also serves as the Anesthesia Supervisor. The MEC also serves as the PEER review Committee and reviews all cases in which an adverse event has occurred. TOSC collects data for both improvement priorities and continuing measurement of important aspects of care, including infection rates for ALL patients within the first 30 days after discharge, as well as 90 day data reported on required procedures. Each surgeon is required to self report patient infection rates. TOSC has a 100% infection self-survey return rate and each infection that is reported is investigated using the attached Infection Investigation worksheet. Infections remain <1% through Q1 2018. Quality measures including are also tracked and reported through QualityNet (2019 Payment Year...2017 data submission to include, antibiotic timing, patient falls, patient burn, wrong site surgery, and hospital transfers. TOSCs participation in ASCQR Program is mandatory since TOSC has met the annual minimum threshold of Medicare patients. Since Q1 2016, TOSC has elected to report Quality Measures through OrthoForum Benchmarking which additionally includes medication errors. OrthoForum benchmarking has allowed TOSC to evaluate the stability of our processes and the predictability of our outcomes against other orthopedic ASCs. TOSC's EMR also requires data input for the CMS Quality Indicators (GCodes) on each case performed.

YEAR 5 reported data:

Ongoing Infection rate:	0.24%
Medication Errors:	0.00%
Patient Burn:	0.00%
Patient Falls:	0.00%
Patient transfer:	0.04%
Patient death:	0.00%

Attachments: CMS Quality Net ASCQR Participation Report
 Quality Indicators reported in EMR
 OrthoForum Benchmarking 2017

Interoperability with Other Providers

TOSC continues to utilize AmkaiOffice and AmkaiCharts to ensure detailed data collection and reporting. An interface has been developed to allow demographic information to be sent from the physician's offices. AmkaiOffice and AmkaiCharts product information will be resubmitted as requested, however, has been submitted in previous year's reports. Hardcopy documents received are scanned into the patients chart in the corresponding section. The document can be viewed by clicking a link in either AmkaiOffice or AmkaiCharts. All providers have secure remote access to Amkai allowing for information to be obtained from off-site when needed. All users with access are issued unique usernames and secure passwords. A complete medical record or particular sections of the chart can be forwarded through internal mail from within Amkai and tracked to ensure HIPAA compliance.

Report to Statewide Data Processor

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to submit utilization and payment data to the statewide data processor as required by G.S. 131E-214.2. Did the facility submit utilization and payment data to the statewide data processor during the reporting period? Yes Provide supporting documentation.

Q1 2017

Your Data Quality Reports are now available at the Truven Health Analytics secure server at <https://transit.truvenhealth.com> with the file name tr_25246_629661_DQR_pdf.zip for JAN-03-17 through MAR-31-17.

Submitting Organization ID:	25246
Submitting Organization Name:	Triangle Ortho Surg Ctr NC
DQR Online Batch:	629661
Patient Type :	OP

Q2 2017

Your Data Quality Reports are now available at the Truven Health Analytics secure server at <https://transit.truvenhealth.com> with the file name tr_25246_640089_DQR_pdf.zip for APR-03-17 through JUN-30-17.

Submitting Organization ID:	25246
Submitting Organization Name:	Triangle Ortho Surg Ctr NC
DQR Online Batch:	640089
Patient Type :	OP

Q3 2017

Your Data Quality Reports are now available at the Truven Health Analytics secure server at <https://transit.truvenhealth.com> with the file name tr_25246_649209_DQR_pdf.zip for JUL-05-17 through SEP-29-17

Submitting Organization ID:	25246
Submitting Organization Name:	Triangle Ortho Surg Ctr NC
DQR Online Batch:	649209
Patient Type :	OP

Q4 2017

Your Data Quality Reports are now available at the Truven Health Analytics secure server - Transit with the file name tr_25246_664183_DQR_pdf.zip for OCT-02-17 through DEC-30-17

Submitting Organization ID:	25246
Submitting Organization Name:	Triangle Ortho Surg Ctr NC
DQR Online Batch:	664183
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Patient Type :	OP