Single-Specialty Ambulatory Surgery Facility Demonstration Project Annual Evaluation Report Summary Mallard Creek Surgery Center Year 5 (5/7/2018 – 5/6/2019)

Mallard Creek Surgery Center received a license in May of 2014 to operate as an ambulatory surgical facility pursuant to the demonstration project in the 2010 State Medical Facilities Plan (Plan). The facility is required to submit an annual report to the Agency showing its compliance with the demonstration project criteria in Table 6D in the 2010 Plan. The Agency received the fifth and final annual report on July 18, 2019 for the time period May 7, 2018 to May 6, 2019. Financial data is provided for 5/8/2018-5/7/2019.

The facility reported that of the 69 physicians practicing at the facility, 12 are non-owners of the practice. All physicians maintained privileges at area hospitals. Of the 69 orthopedic surgeons at Mallard Creek, 19 took ER call at local hospitals. The report lists the hospitals at which each physician has privileges and/or took ER call and the number of nights of ER call taken.

Based on the facility's information regarding 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 in its fifth year of operation. In the facility's first full year of operation, its total revenue attributed to self-pay and Medicaid was only 4.4%. The facility explained that it experienced a delay in receiving authorization from CMS, such that it was only able to begin accepting Medicare patients on December 8, 2014 and Medicaid patients on February 23, 2015. After receiving authorization to accept Medicare patients, total revenue attributed to Medicaid and self-pay was 5.9% from January 1, 2015 through May 31, 2015. After receiving authorization to accept Medicaid patients, total revenue attributed to self-pay and Medicaid was 8.4% from March 1, 2015 through May 31, 2015. From June 1, 2015 through May 31, 2016, the percentage was 7.3%. During the second full year of licensure, the percentage was 7.0%. During Year 3, it was 7.8%. During Year 4, it was 7.2%. During Year 5, the percentage was 7.7%. (Attachment A)

Mallard Creek Surgery Center uses a manual surgical safety checklist adapted from the World Health Organization. The facility reported 100% completion. (Attachment B)

The facility established several policies and procedures related to quality assurance, along with a clinical quality measures dashboard. In accordance with Condition 8 on the certificate of need, the facility tracks the required measures (wound infection rate, post-operative infections, post-procedure complications, readmissions, and medication errors); it also tracks 12 additional quality indicators. The report contained information showing negative results on the required measures in less than 1% of cases. Issues were noted in the areas of complications (0.6%), medication errors (0.2%), surgical site infections (0.3%) and readmissions (0.2%). (Attachment B)

Mallard Creek Surgery Center does not have electronic medical records (EMR) system. It does, however, use an electronic scheduling, billing and referral system, and scans chart audits to an electronic system. The system also allows provider access to the patient's surgery center information off-site. The facility is in the process of evaluating different EMR systems, but no target date for the development of a system at Mallard Creek is available.

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. (Attachment C)

Based on the review of the annual report, the Agency determined that Mallard Creek Surgery Center materially complies with the demonstration project criteria in Table 6D in the *2010 Plan* and the conditions on the certificate of need. In addition, the Agency determined that Mallard Creek Surgery Center has met all reporting requirements of the Demonstration Project.