

THE SUCCESSFUL OPHTHALMIC ASC

Managing ASC Quality and Performance

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THE SUCCESSFUL OPHTHALMIC ASC:

Managing ASC Quality and Performance

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Managing ASC Quality and Performance | The 2009 American Recovery and Reinvestment Act (ARRA) made available \$9 million in funding to state survey agencies in 43 states for ASC inspections. The onsite reviews are designed to ensure that ASCs are following Medicare's health and safety standards. State surveyors use a new CMS survey process that implements a tool developed in conjunction with the Centers for Disease Control and Prevention (CDC). In addition, the CDC is making available \$40 million to state public health departments to:

- **Create or expand state-based health care associated infection (HAI) prevention and surveillance efforts**
- **Strengthen the public health workforce trained to prevent HAIs**

This increased emphasis on tracking and improving health care quality, performance and safety reinforces the need for all ASCs to implement a quality management program that conforms with pertinent regulations while supporting and enhancing overall quality and performance management.

The success of your ophthalmic ASC hinges on three key areas of action:

- The systematic management, monitoring, implementation and evaluation of quality and performance improvement efforts
- Measurement of the impact of those efforts
- Additional interventions and measurements as needed to achieve goals

Quality management involves two key principles:

- Aligning policies and procedures to produce the right outcomes (clinically and financially)
- Executing policies and procedures to achieve quality results, eliminate errors, ensure patient and staff safety, and enhance the patient, surgeon and staff experience

Your quality management program will help you address industry compliance and regulatory requirements and enable you to identify and focus on distinguishing areas of quality and performance unique to your facility.

This resource module is designed to guide development of your quality management program, including components that focus on quality improvement (QI) and performance improvement (PI). For established facilities, this module serves as a practical blueprint for updating and refining your quality management program. For new facilities, the module provides useful guidance for planning and implementing your program. The information is presented as a six-step process that begins with information gathering and ends with benchmarking:

Step 1: Gather information

Step 2: Establish a quality improvement committee

Step 3: Summarize certification and accreditation requirements

Step 4: Establish best practices consistent with industry standards

Step 5: Implement measures for assessing satisfaction

Step 6: Commit to regular benchmarking

Watch for periodic updates to this module in response to feedback from users and changes in the health care environment.

Step I: Gather Information

Before beginning to develop, update or revise a quality management program for your facility, prepare yourself by gathering relevant information and by asking the right questions:

- **Start by identifying the basic rules and regulations that apply to an ASC in your state — by consulting your local, county and state health departments.** Also consider state and local building codes and related health and safety regulations that may apply to your facility and business operations. Consult with legal, financial and architectural experts for help interpreting applicable rules and regulations. Also review the [Appendix: New Medicare ASC “Advance Notice” Requirements: A Primer and FAQs](#) at the end of this module.
- **Locate and review the CMS Conditions for Coverage and federal and state OSHA standards.** Identify the key survey items addressed in the State Operations Manual (SOM). Visit www.cms.gov/CFCsAndCoPs/ for a general overview, and download the SOM at www.cms.gov/manuals/downloads/som107c02.pdf. Pay particular attention to revisions adopted on or after May 18, 2009, pertaining to Governing Body Management, Surgical Services, Quality Assessment and Performance Improvement (QAPI), Laboratory and Radiology Services, as well as new conditions addressing Patient Rights, Infection Control, and Patient Admission, Assessment and Discharge. Also consult federal OSHA standards including any OSHA-approved state plans that may apply in your state. Visit www.osha.gov/SLTC/healthcarefacilities/standards.htm.
- **Consider industry quality and performance initiatives as they apply to ASCs and to health care in general.** For more information, consult these industry resources:
 - National Quality Forum: Endorses national consensus standards for measuring and reporting ASC performance. Visit www.qualityforum.org.
 - ASC Quality Collaboration: Formed in 2006 by several ASC associations, accrediting bodies, professional health care associations and ASC companies specifically to assess established quality measures in ASC settings. Visit www.ascquality.org.
 - Surgical Care Improvement Project (SCIP): Focuses on improving safety in surgical settings. Visit www.qualitynet.org.
 - Agency for Healthcare Research and Quality (AHRQ): Focuses on improving the quality, safety, efficiency and effectiveness of health care. Visit www.ahrq.gov.
- **Consider how your facility expresses its unique mission, vision or values through its commitment to quality and performance standards.** Your quality management program helps you stay current with industry standards while differentiating your facility from the competition. Review your facility’s mission and vision and any stated selling or value proposition used in advertising or on your website. Consult your facility’s articles of incorporation, business and marketing plans, print materials and website. Leverage your quality assessment (QA) and performance improvement (PI) programs to ensure congruence with your marketing message and the experience of your surgeons, staff and patients.
- **Consider your staff recruiting resources, job descriptions, staff training and performance evaluation process.** Are you attracting staff with the right qualifications, work ethics and attitudes? Are your employees (regular, hourly and contract) clear about their job expectations and are they properly oriented and trained to perform essential tasks? Do you provide regular and meaningful evaluations, and do you offer ongoing training and continuing education opportunities to ensure continued growth and development? Review recruitment materials, job

descriptions, orientation/training programs and the performance review process. Identify what is missing, out-of-date or incomplete.

- **Are you taking full advantage of your professional affiliations by leveraging their advocacy, education, networking, research, benchmarking and other resources?** For more information about AAO/AAOE and OOSS, visit www.aao.org/aaoe and www.ooss.org. Also consider the offerings of other professional organizations to which your participating physicians and staff may belong.
- **Review your ASC's accreditation and Medicare certification status.** Seek accreditation with an agency that has "deemed" status with Medicare, including any of the following:
 - Accreditation Association for Ambulatory Health Care (AAAH): www.aaahc.org
 - The Joint Commission (TJC, formerly Joint Commission on Accreditation of Health Care Organizations [JCAHCO]): www.jointcommission.org/AccreditationPrograms/AmbulatoryCare/
 - American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF): www.aaaasf.org
 - Health Facilities Accreditation Program (HFAP): www.hfap.org
- **Review ASC Conditions for Coverage 416.41: Governing Body and Management.** Gather information pertaining to facility governance issues including medical staff and governing board bylaws, credentialing requirements and processes, liability matters, definition of administrative roles and responsibilities and meeting minutes, delegation of authority and board actions. Note that current ASC Conditions for Coverage also address contracted services, hospitalization and disaster preparedness. See [Appendix A-1: Sample ASC Bylaws and Attachments](#), [Appendix A-2: Sample Medical Staff Bylaws and Rules and Regulations](#) and related [Appendixes B-1](#) and [B-2](#), which pertain to Provider Credentialing.
- **Review ASC Conditions for Coverage 416.43: Quality Assessment and Performance Improvement (QA/PI) and accreditation standards related to Quality of Care and Quality Assessment and Improvement.** Assemble information pertaining to QA and PI activities in your facility including quality

and performance-related responsibilities and committee activities, facility operations, risk management, provider credentialing and peer review. See CMS ASC Conditions for Coverage (effective May 18, 2009) addressing quality assessment and performance improvement projects, including program scope, data and governing body responsibilities. Also monitor proposed CMS rule changes to stay current with pending revisions.

- **Identify and gather internal and external benchmarking data, including clinical and business measures, to compare outcomes and practices and improve performance over time.** Visit www.ooss.org and click on "ASC Quality and Efficiency" for more information about ophthalmic ASC benchmarking. Visit www.aao.org/benchmarking for information about the AAOE partnership with OOSS and to access ophthalmic practice benchmarking resources.

Now that you have familiarized yourself with the information outlined above, you are ready to take the second step in developing a comprehensive and integrated quality management program for your ASC.

Step 2: Establish a Quality Improvement Committee

Your facility must strive to continually improve the quality of care and service experienced by your internal (surgeons, staff) and external (patients) customers. This requires active engagement and participation of all facility staff in your quality improvement (QI) program. The results of QI activities must be communicated to the governing body and to all facility staff. Additionally, you may have reporting responsibilities to your state licensing agency and/or accrediting body. ASCs are responsible for implementing an approved QI plan. An annual work plan must establish and describe in general terms the QI activities proposed for the year. The QI program should include an organizational structure that identifies persons/positions responsible for oversight and implementation of QI activities.

Establishing your QI oversight committee is the first step in developing a comprehensive quality

management program. This process involves defining the structure of your committee, the roles and responsibilities of members and how information is to be reported and acted upon.

Be sure to include items such as frequency of meetings, structure of the committee, appointment to the committee, responsibilities of committee members and how the committee will report and disseminate useful information to owners, management and staff of the ASC. See the sample template included in [Appendix C: Quality Management and Improvement Plan](#).

Step 3: Summarize Certification and Accreditation Requirements

Generally ASCs are either state certified or accredited by a national accreditation organization. If your ASC is in a state that does not recognize accreditation by a “deemed” accreditation organization, then the facility is likely to be governed by its own state’s guidelines and rules for certification of Medicare status. (Alaska is one state that does not have accreditation laws.)

Assuming your ASC is accredited by a national “deemed” accreditation body, you can look to that accreditation organization for new requirements and accreditation guidelines. For example, the AAAHC offers the following resource publications at www.aaahc.org (select “Publications”):

- *Accreditation Handbook for Ambulatory Health Care*: Revised annually, this publication contains all requirements for accreditation of an ASC by AAAHC.
- *Self-Assessment Manual*: Also revised each year, this publication allows users to self-assess their facility to ensure that it is meeting all AAAHC guidelines.
- *Physical Environment Check List for Ambulatory Surgical Centers*: This publication outlines all safety and physical requirements for facility accreditation by AAAHC.

Similar information is available through TJC, AAAASF and HFAP.

Accrediting agencies will look for careful documentation of clinical activities, with documentation

requirements generally detailed in their publications. Much of this documentation can serve multiple purposes — both fulfilling accrediting agency requirements and functioning as a tool in your quality management program. See [Appendix D: Surgical Log Template](#) for an example that addresses common accreditation requirements and also serves as a useful aid in managing inventory and supply needs.

Review your accreditation status, if applicable. Currently 26 states and the District of Columbia require or recognize accreditation of certain types of ASCs or facilities. States not recognizing accreditation by national “deemed” organizations have their own requirements. For more information about ASC rules and regulations in your state, visit <http://www.aaahcnewyork.org/lawsbystate.htm>.

If your ASC is accredited by a “deemed” organization, your facility should have documents in place such as governing bylaws and medical staff bylaws consistent with the requirements of the accrediting body. See previous discussion under Step I and [Appendixes A-1, A-2, B-1 and B-2](#).

Step 4: Establish Best Practices Consistent with Industry Standards

Best practices within the ophthalmic ASC setting are substantially influenced by regulation, certification and accreditation. However, your individual facility and the organizations to which you belong can contribute significantly to the formulation of and application of best practices while shaping standards for the industry in the process.

First and foremost, you must understand and demonstrate application of the CMS ASC Conditions of Coverage (both new and revised), many of which pertain specifically to standards of care, privacy and safety. Secondly, you are encouraged to participate professionally in organizations that provide educational programming and consulting support related to best practices in ophthalmic ASC settings. Below are a few you should consider:

- AAO/AAOE: www.ao.org and www.ao.org/aoe
- OOSS: www.ooss.org
- ASCRS: www.ascrs.org
- ASC Association: www.ascassociation.org

- ASORN: www.asorn.org
- AORN: www.aorn.org

Every ASC is expected to operate consistent with industry standards and guidelines. Effective and efficient processes must be established to implement, monitor and refine policies and procedures in response to changes in standards and guidelines as they occur.

Most of these standards and guidelines are relatively exacting in how they are to be implemented. Some require periodic education and training of staff and physicians and they range from preparing patients for surgery to discharge and follow-up with patients.

Your QI program must include a system for monitoring compliance with Medicare, state licensure and accrediting entities. A detailed program plan should include:

- All standards of practice applicable to your facility
- How the ASC's QI committee will implement various policies and procedures to address these standards
- Systems in place to monitor and review existing policies and procedures and fulfillment of standards
- How breaches in standards are documented, corrected and prevented
- Requirements for updating, reviewing and monitoring applicable industry standards

With a documented quality management program plan in place, you are ready to look beyond regulatory and compliance standards for opportunities to enhance and localize your own best practices, to minimize potential for error and delay, and to improve overall efficiency and quality improvement. Your plan can and should address processes and procedures unique to your facility, increase your efficiency and differentiate your facility in the minds of patients, physicians and staff. Some examples include:

- **Working with physicians to standardize medications for patients preoperatively and postoperatively.** Aligned with physician preferences, consider such aspects as patient mix, which drops most insurances cover and what is the best value to the patient.
- **Standardizing procedures and policies for handling patients taking blood thinners.**

You can consult with physicians and review studies to see how other facilities are approaching this issue. You can then assess the relative risk and, as a group, determine how best to handle the situation. For example, perhaps a study involving cardiologists and ophthalmologists concludes that most patients on anticoagulants do not have to stop their medications if the surgeon completes the case under topical anesthesia. An ASC might choose topical anesthesia as its preferred approach for these patients unless otherwise indicated. Also look to organizations like OOSS and AAO/AAOE for information and studies related to practices and procedures designed to:

- **Enhance quality and efficiency** in ways that go beyond established certification and accreditation standards without compromising those standards.
- **Standardize tools and instruments used in specific surgical cases.** Although it can be somewhat difficult to get physicians to agree on and anticipate all of the tools they will need for a given surgery, efforts in this area will enable staff to prepare trays ready to address 80 to 90 percent of cases and to have sufficient tools and instruments readily available for the exceptions.
- **Standardize supply vendors.** The costs for cataract and postop kits, premium and toric IOLs and other supplies add up. Without written internal policies, your ASC likely faces inventory management challenges and confusion over physician preferences for particular items. Use your QI oversight committee to determine the essential items you need on hand and the best vendors to use as a resource. Establish an annual review process that facilitates an inventory management program responsive to physician preferences, patient needs and time/cost management considerations.
- **Standardize dress requirements** for surgical patients and communicate clear expectations so that patients arrive properly attired and prepared to change clothing as required. As the patient population becomes increasingly diverse, setting expectations in these areas is especially important. Again, you can look to organizations like OOSS for information about how other facilities are approaching dress requirements and other best practices to enhance quality and efficiency.

Ophthalmic ASCs have demonstrated success in providing exceptionally caring and safe environments for patients, surgeons and staff. However, constant vigilance is critical. The complexity inherent in coordinating surgeons, physicians, clinicians and practices, coupled with reliance on the patient and the patient's family to be actively involved, requires a commitment to a "culture of safety" in daily operations.

In a 2010 presentation to ophthalmic ASC administrators, Regina Boore, RN, BSN, MS, of Progressive Surgical Solutions reviewed a sampling of deficiency citations from unannounced CMS surveys (CASA 2010 Ophthalmology Pre-Conference, September 15, 2010, San Diego, CA). Following are examples of reported safety deficiencies:

- Quarterly fire drills with varying times and conditions not documented
- No documented disaster drill annually or drill evaluations
- Disaster plan not coordinated with local authorities
- No evidence of annual safety training (fire, disaster, etc.)
- No documented monthly fire extinguisher inspections
- Semiannual equipment safety inspections not performed
- Staff not trained in the safety and disaster plan
- Fire alarm system does not automatically notify the fire department
- No documentation of laser safety training
- Portable space heating device found in facility
- No backup battery-operated lights in the OR
- Inadequate documentation of weekly inspection and testing of generator(s)
- Unlicensed Assistive Personnel (UAP) function outside their scope of practice
- RN not available to respond to an emergency
- Tech staff not well versed in infection control policies, procedures and standards

Patient safety has been receiving increasing attention in the health care arena. Consult these key resources to expand your knowledge of patient safety considerations in the ASC:

- Institute of Safe Medical Practice (ISMP): www.ismp.org
- National Center for Patient Safety (NCPS): www.patientsafety.gov
- National Patient Safety Foundation (NPSF): www.patientsafety.gov/NEWS/NCPSBg/programs.html

There are many areas that can be standardized with the goal of managing quality and efficiency. Your program should be all encompassing, addressing industry standards already discussed as well as practices that relate directly to the mission, vision and values of your facility and the markets you serve. Standards unique to your facility and best practices employed to meet those standards directly impact the experience of patients, surgeons and staff, and reinforce the value that differentiates your facility from others.

Step 5: Develop Methods and Measures for Assessing Satisfaction

An important outcome of quality improvement and management is satisfaction — on the part of physicians, staff, patients, family members and caregivers. An organization's quality management program should provide measures for assessing the satisfaction of these distinct audiences, including problem identification and individuals' overall experience in their interactions with the ASC. Several variables should be measured to assess satisfaction, and consideration should be given to the interrelatedness of variables.

Measuring Physician Satisfaction

Core to the rationale for owning and operating an ASC is the ability to deliver a quality service, in an efficient, convenient and satisfying manner, and with sustainable profits for owners and investors. Many factors influence profitability, but the most important is your ability to attract and retain quality physicians who value your ASC for meeting the surgical needs of their patients.

Physicians are trained to see a circumstance, to examine all the variables that affect it, and to

diagnose and treat the problem. Physicians also have a keen appreciation for the challenges and opportunities related to quality management. Using their problem-solving perspective to your advantage is critical in developing and implementing your quality management program. Incorporating systematic, standardized processes and procedures congruent with and supportive of the physician's perspective is your biggest challenge and opportunity. The more you can base specific approaches and protocols and the explanations thereto on the perspectives of physicians, the greater the likelihood of reinforcing and gaining their collaborative support.

Physicians have great influence on those directly around them, whether staff with whom they work or patients whom they serve. Ideally, a quality management program should enable you to address the concerns of physicians as well as those of staff and patients — assuring that quality is a shared priority. The process begins with the establishment of effective standards, policies and procedures and making them subject to monthly or quarterly reviews involving all the physicians utilizing the facility. When physicians at all levels — owners, employed physicians and those who use the facility on a contractual basis — participate in setting quality management policies and procedures, they are more likely to support the standards.

Involving physicians in the quality management process, and ensuring that they understand the facility's overall mission and vision, leverages their inherent competencies and engages them as advocates for the ASC facility. Physicians who are pleased with your facility will convey the same attitude to their practice staff, patients and peers.

Assessing physician satisfaction is a constant, daily process of keen observation, attention to detail and responsiveness. Use of surgeon surveys for periodic assessment is suggested. See the sample Surgeon Satisfaction Surveys: [Appendix E-1](#) for Independent and Owner Surgeons and [Appendix E-2](#) for Employee Surgeons.

Measuring Staff Satisfaction

Next, you want to evaluate staff satisfaction. Staff satisfaction is important to quality management because staff individually and collectively focus their time on supporting surgeons while guiding, caring for and comforting patients, family members and caregivers. Staff schedule patients, verify and explain third party coverage and benefits, and work with patients preoperatively, during surgery and postoperatively.

There are several ways to measure staff satisfaction. The goal is to utilize both informal and formal tools to identify and address areas of concern, to isolate and leverage organizational strength and improve overall staff satisfaction and enthusiasm for work. One easy way to accomplish this goal is to include staff in many of the projects and decisions that directly impact their position. Staff who are included in decision making have the opportunity to point out areas of concern, often revealing issues that management should consider. They are also much more likely to take ownership of the result, doing everything they can to make the ASC more efficient and successful.

Your quality management plan should include ways to continually assess staff satisfaction. Here are some suggestions:

- **Consistently ask your staff how they are doing, how they are feeling and what “we” can do to improve.** As a leader of an organization, you must communicate with your staff frequently. Set aside time for monthly meetings at which you can review the prior month's performance, problems and issues. When asking questions, make sure to listen and take notes. By visibly noting another's comments or suggestions, you demonstrate that you are actively listening and taking the speaker seriously. You are also committing yourself to an immediate action. Be sure to record the source of all comments and the date and time you received them — for future reference and follow-up. Discuss staff suggestions for clarification, and agree to consider and implement changes that have potential to improve performance within the bounds of established industry standards and guidelines.
- **Engage your staff in dialogue.** Ask staff to share their ideas and specifics for making things more efficient and for improving the quality of care. When problems arise, don't jump in with the solution; pause and ask your staff to share their thoughts. Hold off critiquing or dismissing an idea until staff have been given the opportunity to fully develop and contribute their collective suggestions. One idea will prompt another. Keep in mind that what may seem to be a small or incremental idea for improvement can have a big impact on the bottom line. Guide staff in coming up with solutions — approaches they can own and share responsibility for implementation and evaluation.

Some organizations rely heavily on periodic staff surveys or suggestion boxes to elicit staff input. Although these approaches make sense in larger facilities with a number of employees, the personal and more interactive approach is generally better.

- **Pay attention to the likes and concerns of your staff.** By carefully considering positive staff feedback, you may uncover areas of employee engagement and support that are worthy of promotion within your organization and perhaps externally. By the same token, be especially sensitive to areas of concern. When staff find the courage to voice concerns, there is usually a strong basis for what they have to say.
- **Send staff to meetings.** Attendance at meetings lets employees see and hear about what other ASCs are doing. Involve staff in benchmarking, accreditation and certification endeavors. Involvement will stimulate their minds and encourage them to consider ways to increase quality and efficiency within the bounds of industry standards and guidelines. It will also help them to understand the key success factors that contribute to a successful facility.
- **Measure employee satisfaction.** Use a standardized satisfaction tool at least annually — and more frequently if major concerns are being expressed or major changes are occurring. Employee satisfaction surveys typically contain objective questions to be answered using a scale of agreement (Likert Scale). Answers to questions posed in this manner provide an effective means of quantitatively assessing relative satisfaction across a number of topical areas common to the industry and perhaps unique to the facility. These surveys should also provide two or three open-ended “qualitative” questions that allow employees to add comments and to express, in their own words, thoughts about the ASC’s strengths and weaknesses in various areas. See [Appendix F: Sample Staff Survey](#) for an example of such a tool. You can also find sample employee surveys online, or you can contact OOSS or AAOE for assistance in locating survey templates to meet your needs.
- **Establish mentoring programs.** Train and encourage seasoned employees to mentor new hires. A mentoring program can facilitate

dynamic skill growth throughout the facility while fostering a sense of community and engagement. Mentoring can also position your facility competitively and identify opportunities for growth.

- **Build a supportive environment.** Often, dissatisfaction with wages and benefits masks problems related to employee acceptance and encouragement by a team or a manager. Employees may need help developing coping skills, problem-solving skills or tactics for handling difficult situations; they may need clarity about their specific role and responsibilities; or they may just need to express their frustrations.
- **Don’t be afraid to tell the truth.** Respect your employees by practicing reasonable transparency. Every quarter or semiannually, communicate how the business is performing. Give your employees the information they need to appreciate shifts in corporate policy due to regulatory, economic or competitive considerations. It is important to present this information in a way that is meaningful for employees and related to their roles in the organization.
- **Recognize employee contributions.** Recognition from a supervisor — particularly one at least two ranks above the employee — makes a meaningful difference in employee morale and employee loyalty. Recognition can be formal or informal, a big acknowledgment or a discreet “noticing” that an employee is making a positive contribution to the facility’s quality, efficiency and overall performance. Recognition can also be expressed in special project assignments that focus on quality and efficiency improvement.

In an overall sense, your employee handbook can and should set the tone for employee satisfaction — while at the same time establishing expectations for employees. Employees must understand that ensuring quality care and the satisfaction of surgeons and their patients is central to their role and the regular evaluation of their performance.

Measuring Patient Satisfaction

Patient satisfaction is the easiest of the satisfaction categories to measure, but gathering useful comparative data requires consistency and takes

time. Patient satisfaction is a direct result of three components:

1. Surgical outcome
2. Patient wait time
3. Patient overall experience

SURGICAL OUTCOME

Surgical outcome is a direct result of skilled, engaged and supported physicians who communicate all potential risks and complications to patients, their family members and caregivers, thus setting reasonable expectations in advance. Few ophthalmic surgeries pose high risk, and the frequency of complications is very low in ophthalmic ASC settings. However, surgical outcomes should be tracked and measured carefully. For example, an ASC can track torn capsule percentages for each of its surgeons and compare them with national averages. Finding that a physician falls outside the average range for a particular type of case would call for a review, perhaps to include a peer review, to identify reasons and corrective steps.

PATIENT WAIT TIME

Because wait time is a common patient complaint in most ASCs, it is important that an ASC have the ability to monitor, track and report patient wait times. This can be done simply by performing time studies and using benchmarking to compare average patient cycle times, including wait times, with those of other facilities. There are several national studies on patient wait times in ophthalmic ASCs, including those performed annually by OOSS. Tracking patient wait time involves recording the following information:

- Patient arrival or check-in time
- Scheduled surgery time
- Time the patient was taken into the preop area
- Time the patient was taken into the OR
- Time the patient was moved from the OR to the postop room
- Time the patient was dismissed from the ASC

In a recent study of 150 patients conducted by one of the authors (Castillo), it was found that patients perceived that if they arrived at the ASC earlier, they would be in and out sooner. Based on that perception, some patients were arriving at the facility as much as two hours earlier than scheduled. This increased their wait time, making them

unhappy. A review of the time study for this facility found that the actual wait time for each patient was 47 minutes from check-in to release from the ASC. Patients were asked to arrive 20 minutes prior to their scheduled check-in time, making their perceived wait time 67 minutes. It was found that actual wait times were not the direct result of ASC activities but were instead a function of improperly setting patient expectations.

PATIENT OVERALL EXPERIENCE

One last measure to consider when developing your quality management program is to track and report patients' satisfaction with their overall ASC experience. The best approach is to create a patient satisfaction survey with 5–10 questions that is administered to each patient at a set time. The questions can be modified as needed to gather information specific to your facility, but should generally include objective questions that address such key areas as registration, facility cleanliness, waiting area comfort and staff helpfulness, as well as a limited number of qualitative, open-ended questions. Consider making the survey part of your check-out procedures so that you can capture information on most patients who visit your ASC. This provides valuable feedback on which to base ideas for continuous improvement. Surveying most patients also communicates how much you value their opinions and at the same time increases your confidence level with your overall quality management program. It should be noted that in some cases patients may not be able to complete a survey at check-out because of physical or mental circumstances or because of the procedure involved. As an option, consider having a family member or caregiver complete an alternate version of the survey or defer the survey until a later time. See [Appendix G-1: Sample Patient Satisfaction Survey](#) and [Appendix G-2: Sample Summary: Patient Satisfaction Survey Results](#) for one way to report satisfaction survey results.

In addition to using a patient survey, an ASC can also designate a staff member to randomly follow up by telephone with a sampling of patients each week using a more subjective interview format. Here again, a designated family member or caregiver may be the person to complete the survey. The caller might begin by asking how the patient is doing and follow up with 3–5 open-ended questions to expand insights about the total patient experience.

An exit survey combined with telephone follow-up will help your ASC determine problem areas and assess how effective your facility is at providing a favorable patient experience. Assuming the overall

patient experience has been reasonably satisfying, you can also ask patients, family members and caregivers how likely or willing they will be to refer patients to your surgeons and facility. Favorable responses also provide opportunities for you to elicit testimonials to be used with permission of patients, family members and caregivers.

Step 6: Commit to Annual Benchmarking

Benchmarking is an essential tool for evaluating your ASC's overall quality management program. The process should be designed to capture measures for internal and external comparisons — data for comparing internal facility performance over time and information for comparing your facility with other facilities sharing similar characteristics.

OOSS has adopted the following definition for benchmarking based in part on a definition originally developed by the United Nations Education, Scientific and Cultural Organization (Vlăsceanu, Grünberg and Pârlea, 2004):

Benchmarking is a standardized method for collecting and reporting critical business and clinical data in a way that enables relevant year-to-year comparison of individual facility performance with the performance of other single and multispecialty ophthalmic ASCs. The purpose of benchmarking is to identify strengths and weaknesses while guiding collaborative assessment of overall performance in search of opportunities for improvement. Benchmarking provides participating ophthalmic ASC facilities with internal and external assessment tools to gauge comparative practices, to focus improvement efforts and to address accreditation and other third-party assessment standards.

OOSS has developed benchmarking tools for both internal and external comparisons. Following are just a few of the metrics used as part of the OOSS Benchmarking Initiative (for a complete list visit www.ooss.org):

BUSINESS BENCHMARKS

- **Accounts Receivable Results:** including aging analysis and net collections
- **Productivity Results:** including average net collections per case, net collections per square foot, net collections per FTE employee, surgical supply costs as a percentage of net collections (including cataract supply costs only and IOL and premium IOL

costs), costs per case, occupancy costs per square foot, average payroll costs per FTE employee, cases per surgical day, cases per square foot and cases per FTE employee

- **Overhead Results:** operating costs per net collections and occupancy costs per net collections

CLINICAL BENCHMARKS

- **Unplanned Events:** including hospital transfers and postsurgical readmissions; patient burns and postoperative infections; and wrong surgery, site, patient, implant, procedure or incorrect drug
- **Patient Cycle Time:** including preop, intraop and postop
- **Practices/Procedures:** including planned and unplanned vitrectomies as a percentage of total cataract cases performed, and same-day cancellations and medical clearance

Participating in an annual benchmarking process allows you to compare and assess your facility's performance based on an integrated analysis of business, quality and process measures. Facilities participating in the OOSS benchmarking survey experience benefits ranging from monitoring of facility performance, to identifying best practices, planning and goal setting, increasing overall efficiency, involving team members in quality and performance measurement, and spawning innovation within the facility.

Benchmarking in some form — preferably, in a manner that enables you to compare your facility's performance over time and with other ASCs — is an essential component of a quality management program. For more information about the OOSS Benchmarking Initiative, go to www.ooss.org and click on "OOSS Benchmarking Initiative." OOSS also offers member facilities direct access to benchmarking worksheets and business and clinical studies that focus on specific areas of interest.

In conjunction with external benchmarking you should consider tracking internal performance over time: monthly, quarterly and annually. See [Appendix H: Sample Trend Report and Template](#) for an example of the types of data to collect. OOSS members can also access financial benchmarking tools for tracking internal financial performance over a three-year period and comparing results with industry averages/healthy ranges. For more information, visit www.ooss.org and click on "Allergan

Access for the ASC.” Also see [Appendix I: Cost-Benefit Analysis Worksheet](#) to structure a simple cost-benefit financial calculation that will produce internal benchmarks that you can compare with external benchmarks in various areas of practice.

Summary

Developing your quality management program is an essential, complex and rewarding process that will serve to organize, focus and energize your ASC team while concurrently addressing quality improvement and performance improvement. Although it also serves as a risk management device, your quality management program is truly about expressing and fulfilling your organization’s vision, mission and values. The process involves the following inter-related steps:

Step 1: Gather information

Step 2: Establish a quality improvement committee

Step 3: Summarize certification and accreditation requirements

Step 4: Establish best practices consistent with industry standards

Step 5: Implement measures for assessing satisfaction

Step 6: Commit to regular benchmarking

While your quality management program should incorporate all subjects addressed in this module, it should not be viewed as static or unchanging. Rather, it must dynamically evolve to account for changes in the regulatory and health care environment and culture of your facility. By addressing the six steps outlined in this module and employing the resources and templates provided, you will be on your way to improving your existing quality management program or establishing a new program.

This learning module is designed to be a living, changing reference, and AAOE, in partnership with OOSS, is committed to keeping the information it contains current. Samples included in the [appendixes](#) are supplied for reference only. Consult the AAOE and OOSS websites regularly for updates to these samples and for up-to-the-minute information on quality management and ASC operations and management.

Reference

Vlăsceanu, L., Grünberg, L., and Pârlea, D. 2004. *Quality Assurance and Accreditation: A Glossary of Basic Terms and Definitions* (Bucharest: UNESCO-CEPES). Papers on Higher Education, ISBN 92-9069-178-6. Available at <http://www.cepes.ro/publications/Default.htm>

Resources

ASC ACCREDITATION AND MEDICARE CERTIFICATION

Accreditation Association for Ambulatory Health Care (AAAHC): www.aaahc.org

The Joint Commission (TJC, formerly Joint Commission on Accreditation of Health Care Organizations [JCAHCO]): www.jointcommission.org/AccreditationPrograms/AmbulatoryCare/

American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF): www.aaaasf.org

Health Facilities Accreditation Program (HFAP): www.hfap.org

BENCHMARKING FOR ASCs

The OOSS Benchmarking Survey measures the business and clinical performance of ophthalmic ASCs. Visit the OOSS website (www.ooss.org), and click on “ASC Benchmarking” for more information about the survey and related OOSS surveys and articles. Your membership in the Academy, AAOE or OOSS qualifies you to participate in the OOSS Benchmarking Survey.

CMS CONDITIONS FOR COVERAGE AND STATE OPERATIONS MANUAL (SOM)

www.cms.gov/CFCsAndCoPs/

www.cms.gov/manuals/downloads/som107c02.pdf

Also see [Appendix: New Medicare ASC “Advance Notice” Requirements: A Primer and FAQs](#).

ORGANIZATION RESOURCES

AAOE: The practice management arm of the American Academy of Ophthalmology, providing resources across a broad range of topics. www.aoe.org/aaoe

OOSS: A facility membership organization dedicated to advocating on behalf of and improving the performance of ophthalmic ASCs. www.ooss.org

OSHA STANDARDS

Includes information on any OSHA-approved state plans that may apply in your state: www.osha.gov/SLTC/healthcarefacilities/standards.htm

PATIENT SAFETY CONSIDERATIONS IN THE ASC

- Institute of Safe Medical Practice (ISMP): www.ismp.org
- National Center for Patient Safety (NCPS): www.patientsafety.gov
- National Patient Safety Foundation (NPSF): www.patientsafety.gov/NEWS/NCPSBg/programs.html

QUALITY AND PERFORMANCE INITIATIVES FOR ASCs

- National Quality Forum: Endorses national consensus standards for measuring and reporting ASC performance. www.qualityforum.org
- ASC Quality Collaboration: Formed to assess established quality measures in ASC settings. www.ascquality.org
- Surgical Care Improvement Project (SCIP): Focuses on improving safety in surgical settings. www.qualitynet.org
- Agency for Healthcare Research and Quality (AHRQ): Focuses on improving the quality, safety, efficiency and effectiveness of health care. www.ahrq.gov

STATE RULES AND REGULATIONS FOR ASCs

Accreditation Association for Ambulatory Health-care: <http://www.aaahcnewyork.org/lawsbystate.htm>

Appendix Guide

Visit www.aao.org/ascquality for the following appendices, which contain customizable templates for common ASC documents and forms:

Appendix A-1: Sample ASC Bylaws and Attachments

Appendix A-2: Sample Medical Staff Bylaws and Rules and Regulations

Appendix B-1: Provider Credentialing: Hospital/Organizational Reference

Appendix B-2: Provider Credentialing: Practitioner Peer Reference

Appendix C: Quality Management and Improvement Plan

Appendix D: Surgical Log Template

Appendix E-1: Independent and Owner Surgeon Satisfaction Survey

Appendix E-2: Employee Surgeon Satisfaction Survey

Appendix F: Sample Staff Survey

Appendix G-1: Sample Patient Satisfaction Survey

Appendix G-2: Sample Summary: Patient Satisfaction Survey Results

Appendix H: Sample Trend Report and Template

Appendix I: Cost-Benefit Analysis Worksheet

Also see the information about Medicare "Advance Notice" requirements in the appendix that follows.

APPENDIX

The New Medicare ASC “Advance Notice” Requirements: A Primer and FAQs

What are the Medicare ASC “Conditions for Coverage” and “Interpretive Guidelines,” and why am I hearing so much about them at this time?

In order for an ambulatory surgery center (ASC) to become eligible for facility payments under the Medicare program, it must be certified as meeting federal requirements, known as *Conditions for Coverage* (CfCs). These CfCs encompass many issues, including the ASC’s physical structure, quality assurance program, patient rights, and governing body and management, to name a few. The CfCs are interpreted and applied by surveyors from state health departments who contract with the Centers for Medicare and Medicaid Services (CMS) to conduct certification inspections or by accrediting bodies that have “deemed status” authorizing them to conduct Medicare surveys. (The Joint Commission and the Accreditation Association for Ambulatory Health Care are two such bodies.) In late 2008, CMS issued the first substantial revision to the CfCs since 1983; this regulation became effective on May 18, 2009. Because the CfCs are very general, CMS periodically issues *Interpretive Guidelines* that are intended to provide more detailed guidance to those who conduct Medicare surveys of ASCs.

What are the CfCs governing “patient rights”?

Sec. 416.50, the CfC governing patient rights, provides that the ASC must inform the patient (or the patient’s representative) of the patient’s rights and that the ASC’s policies, procedures and actions must be consistent with the protection of the patient’s rights. There are standards relating to:

- Disclosure of Physician Financial Interests or Ownership in the ASC, Sec. 416.50(a)(1)(ii)
- Advance Directives, Sec. 416.50(a)(2)
- Submission and Investigation of Grievances, Sec. 416.50(a)(3)
- Exercise of Rights and Respect for Property and Person, including Informed Consent, Sec. 416.50(b)
- Privacy and Safety, Sec. 416.50(c)
- Confidentiality of Clinical Records, Sec. 416.50(d)

ASCs that are already certified by Medicare or licensed by states are likely to be in substantial compliance with the *substance* of these requirements, since the standards are not substantially different from those incorporated in prior regulations. However, the CfCs and Interpretive Guidelines *have changed with respect to when and how notice of these rights is to be provided to Medicare patients* — these changes are the focus of the following questions and answers.

Generally speaking, when, and in what form, is the ASC required to notify the patient of his or her rights?

Sec. 416.50(a)(1) provides that the ASC must provide the patient with verbal and written notice of his or her rights “in advance of the date of the procedure. . . .” The relevant Interpretive Guideline clarifies that this verbal and written notice must be provided “*prior to the date of the procedure, i.e., the patient’s registration or admission to the ASC.*” This means that if surgery is to be conducted on a Tuesday, the patient must be notified of his or her rights, at latest, on the day before the procedure, i.e., Monday. CMS provides some further clarification:

- **Verbal Notice.** The requirement for verbal notice is met if the patient is advised, for example, at the time of scheduling of the procedure, that he or she has certain rights and that the ASC will be sending a detailed written notice prior to the surgery date.
- **Notice by Mail.** The written notice must be delivered in a manner that reasonably assures its receipt by the patient prior to the scheduled procedure date. As such, it would be unacceptable for the ASC to mail such a notice the day prior to surgery, since it is unlikely that the patient would receive the notice before the procedure date.
- **Notice by E-mail.** If the ASC has obtained an e-mail address from the patient, it is acceptable to e-mail written notice of the patient’s rights on the day prior to surgery.

Notice for All Procedures. Verbal and written notice must be provided regardless of the type of procedure being performed.

- **Specific or Generic Form.** The regulation does not mandate a specific form or verbiage for the written notice; therefore, the ASC may develop a generic, preprinted notice for use with all of its patients.
- **Language of Notice.** The regulation requires that the notice be provided and explained in a language and manner that the patient understands. CMS recognizes that it may not be practicable for written patient rights information to be provided in each patient's language; in such cases, the ASC is required to ensure that its verbal explanation is "clear, thorough, and understandable." The ASC may need to make use of translation services to effectuate proper notice.
- **Notice of State Law Must be Included.** If the ASC is subject to state licensure requirements that include a more expansive set of patients' rights, as well as advance written notice of those requirements, the ASC is expected to advise the patient of all of his or her rights under both the Medicare and state licensure requirements.

Is the ASC no longer permitted to schedule the patient for surgery and perform that surgery on the same day? Are there any exceptions to the rule?

As a general rule, the aforementioned advance notice requirements preclude a patient from having surgery in the ASC on the same day as he or she presents in the office/clinic. However, CMS has provided an exception, as follows:

It is not acceptable for the ASC to provide the required notice for the first time to a patient on the day that the surgical procedure is scheduled to occur, unless:

- the referral to the ASC is made on that same date; and
- the referring physician indicates, in writing, that it is medically necessary for the patient to have surgery on the same day, and that surgery in an ASC setting is suitable for the patient.

CMS goes on to say that "cases of surgery occurring on the same day are expected to be rare, since ASCs typically perform elective procedures. Frequent occurrence of such cases may represent noncompliance with the advance notice requirement." Given that caution, routine same-day scheduling and surgery clearly embody the potential to jeopardize an ASC's Medicare certification.

For purposes of determining whether a patient can have surgery on the same day as scheduling, what constitutes "medical necessity"?*

CMS provides little guidance here, except to emphasize that surgery on the same day as scheduling should be a "rare" occurrence. The more frequently an ASC operates under the exception, the more likely it is that surveyors will find the facility's policies or practices suspect. A few thoughts:

- Clearly, if a patient requires emergency surgery — e.g., he or she presents in the clinic with a retinal detachment — the advance notice exception would apply and that patient could be scheduled for surgery that day in the ASC.
- The key question to be resolved is *whether the patient's health and safety would truly be jeopardized if the surgery were performed a day later*. The fact that a patient would continue to be moderately uncomfortable or to suffer from the visual impairment that brought him or her to the office (e.g., the patient would have cloudy vision from a cataract or post-cataract opacification) until surgery was conducted a day or a week later would not likely constitute medical necessity.
- It is imperative that the ASC *clearly document in the patient's record* the medical reason for performing surgery without providing advance notice of the patient's rights.

Some examples of procedures that we would expect to be considered medically necessary are retinal detachment, corneal perforation, iridectomy to relieve high intraocular pressure from glaucoma angle closure, repair of lacerations or wounds or wound dehiscence, or other reconstructions associated with MOHS surgery.

**On April 23, 2010, CMS published a proposed regulation that, if finalized, would make it more difficult for a case to qualify for the exception to the 24-hour notification requirement. The proposed regulation would mandate that the surgeon note for the ASC record that same-day surgery is necessary "to safeguard the health of the patient," a standard that is more rigorous than that included in the original rule. Joint comments from the Academy, ASCRS and OOSS have been sent to CMS opposing both the previous requirement and this more restrictive one.*

Does this mean that we have to inconvenience the patient by making him or her return to the facility a day or a week later?

Patient convenience — that is, the fact that the patient will have to make a return trip to the

surgeon's ASC — is not, in the absence of a compelling medical justification, an acceptable reason for performing surgery on the same day surgery is scheduled. Nor does inconvenience to the surgeon — for example, the fact that the doctor will not be back in the ASC for another week — eliminate the need for advance notice. One option available to the surgeon is to not refer the patient to the ASC for surgery but to perform the procedure in the clinic (if medically appropriate and if the equipment, such as a laser, can be readily moved from the ASC to the clinic). Of course, under this scenario, the ASC would forego the ASC facility fee (although the professional fee would include a higher practice expense component, thereby offsetting some of that loss). For instance, use of the YAG laser in the office is not uncommon, and Medicare provides approximately \$142.80 for practice expenses associated with its use.

Where the patient has traveled a long distance and is insistent upon having the nonemergency procedure performed on the same day as the clinic visit, can the patient sign a document waiving advance notice of his or her rights?

This issue is not addressed in the Interpretive Guidelines. Because CMS has indicated that it does not expect to see regular occurrences of surgical procedures performed on the day of scheduling, we do not believe that a waiver would be viewed favorably by CMS or its surveyors in the certification process.

Our practice accepts referrals of cataract patients from an optometrist located more than an hour away. If the optometrist believes that cataract surgery is indicated, he refers the patient for surgery, which is typically scheduled for a couple of weeks later. To avoid two lengthy trips to our facility, we typically examine the patient in the clinic, and if the surgeon concurs that surgery is indicated, the patient is transferred to the ASC that day for the procedure. Can the optometrist provide all the required patient notices to the patient, or must the ASC do so?

The CfC imposes on the ASC the obligation to inform the patient of his or her rights. A surveyor will attempt to discern whether procedures are in place to ensure that the patient is appropriately notified. If the OD is employed by the surgeon (who, in turn, owns the ASC), we think that it is reasonable to assume that, if appropriate procedures are in place and utilized, the surgeon/ASC has sufficient control over the optometric operation

to ensure that notice is provided to the patient, as required. However, where the OD practice is independent of the ophthalmologist's, we believe that the ASC itself should provide notice to the patient of his or her rights in advance of the day of the procedure.

Do these Medicare CfCs apply to services provided to non-Medicare patients as well?

Yes, they do. CMS requires that Medicare and non-Medicare patients be treated alike.

What are the specific requirements for disclosure to the patient of a physician's ownership in the ASC?

The Interpretive Guideline to Sec. 416.50(a)(1)(ii) states that "an ASC that has physician owners or investors must provide written notice to the patient . . . in advance of the date scheduled for the patient's procedure, that the ASC has physician owners or physicians with a financial interest in the ASC." A few guidelines:

- The ASC is not required to provide a list of the names of its physician owners or investors, although CMS suggests that the list be made available upon request. Neither is the facility required to disclose the percentages of shares owned by the surgeons.
- As discussed above with respect to advance notice of patient rights, the physician ownership disclosure should be delivered in a manner that reasonably assures its receipt by the patient prior to the scheduled procedure date. The information must be provided in language that is not only technically correct but easily understood by typical patients.
- Surveyors are instructed to interview ASC staff and patients to ensure that this notice is being provided to patients prior to the day of surgery.

When should informed consent be obtained vis-à-vis the myriad of other advance notice requirements?

Some different rules apply here. Informed consent must be obtained, and the informed consent form must be placed in the patient's medical record, prior to surgery. A few clarifications:

- The Interpretive Guideline to Sec. 416.50(b)(1)(iii) states that it is acceptable for the ASC to require the operating surgeon to obtain the patient's informed consent outside of the ASC, prior to the date of surgery, since

this might allow more time for discussion between the patient and surgeon than would be feasible on the date of surgery.

- However, *in situations where the patient is having surgery on the same day that the procedure is scheduled*, the ASC must provide the required notice of patient rights *prior to obtaining the patient's informed consent*.

When should information about the ASC's advance directives policies be provided to the patient?

The Interpretive Guideline to Sec. 416.50(a)(2) provides that, prior to the date of surgery, the ASC must provide the patient or the patient's representative with: information on the ASC's policies on advance directives; a description of the applicable state health and safety laws; official state advance directive forms if they exist and if they are requested by the patient; and other information on the patient's right to make informed decisions about his or her care. For the patient's benefit, keep it simple — a summary of the ASC's policy, state law and the available official form will suffice.

If a patient has received surgery in the ASC in the past and was, at that time, provided with written notice of his or her rights, does this obviate the need for further notice — in other words, can the patient now be scheduled for and have surgery on the same day?

There should not be a problem with same-day surgery in this situation assuming that (1) the ASC's policies and procedures have not materially changed since the earlier surgery and (2) the facility's original policies and procedures were in compliance with the *new and revised* Conditions for Coverage. However, pay heed to these caveats. For example, the old CfCs did not require that patients be informed in writing about physician ownership of an ASC; if written notice was not provided to the patient regarding physician ownership at the time of the first surgery, the current CfC, mandating disclosure of such ownership interests in advance of surgery, would not be met with respect to the subsequent surgery.

When does this regulation take effect? What if our policies and procedures have not yet been fully updated to reflect the changes in the new Conditions for Coverage?

You should make diligent and expeditious efforts to bring your ASC into compliance with the new Conditions for Coverage that became effective on May 18, 2009. Surveyors will start to use the new standards on July 15. Although your scheduled survey may not take place for another year or two, facilities are always subject to unannounced surveys.

Should you have any questions regarding the implementation of the new Medicare ASC Conditions for Coverage, please contact:

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