

THE SUCCESSFUL OPHTHALMIC ASC

# Administration, Operations and Procedures

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THE SUCCESSFUL OPHTHALMIC ASC:

# Administration, Operations and Procedures

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**Administration, Operations and Procedures** | Efficient, quality operations — the minute-by-minute, day-to-day interactions of people and systems — are essential to the administrative, clinical and business activities of an ambulatory surgery center (ASC). Attaining this goal is a challenge: operations can always be improved. Past successful surgical results, positive profit margins and smooth administrative routines do not ensure future success. Every day presents a set of new challenges, with patients, doctors, regulations, insurance carriers, nursing personnel, supply costs and others all thrown into the mix. Optimizing ASC operations requires a consistent routine and on-going review. This module identifies important quality markers that owners and managers of ophthalmic ASCs need to be on top of to keep clinical quality at the highest level, to ensure that administrative procedures are seamless and predictable and to maximize profits.

## Administrative and Business Support Services

Many support services are required to operate an efficient ophthalmic ASC. Everything from the gleam on the tiles of a properly equipped OR's floor and the well-stocked supply rooms to the consistent flow of revenue, dependable information streams and reliable technology infrastructure comes about only through planning and precise execution on the part of the team running the center.

Depending on the volume of business an ASC conducts, some centers find it more efficient to outsource several of the requisite support services, while other centers provide them in-house. Either way, it is essential to factor these services into the ASC operations equation. Failure to do so can significantly impact costs and impair efficiency. Among the major services that need to be considered in the operational plans are human resources and

benefits management, technology infrastructure management, equipment and supply procurement, billing and collection services, financial reporting and control, legal services and facility maintenance. These, among other vital operational components, are discussed in the following sections.

## Human Resource Management

Depending on the size of the ASC, it may be necessary to have staff dedicated solely to human resource and benefit functions. Payroll tasks and overtime calculations can be time-consuming and tedious, but accurate paychecks and records are very important to ASC staff, so these tasks must be performed with the utmost care and precision.

ASCs of all sizes should seriously consider contracting with outside payroll and HR department vendors for these functions — because these firms are efficient and inexpensive. Such firms can also assist in providing help lines or websites where employees can get answers to questions they may have concerning pay, benefits or employee policies. Structuring benefit plans and insurance coverage for

ASC employees generally requires regular interaction with benefit specialists and providers. Additionally, a structured, timely enrollment process is essential.

## Staffing

When new employees come on board, a good assimilation process makes a lasting impression; the HR manager should be a part of this introduction. Strength in the human resources area is a great way to build employee morale and allegiance.

Traditional recruitment methods, such as advertising in newspapers, websites and journals, are one option for finding new recruits, but a better way is to encourage high-performing employees to recommend candidates. Most OR personnel come from a hospital environment and know OR techs and nurses who are qualified to work in an ASC. Some ASCs give an incentive bonus to employees who refer candidates. Once these new employees are hired, the referring employee can assist with orientation and training.

Job descriptions should represent job responsibilities accurately, and new employees should be provided with an orientation. (See the sample orientation agenda in [Appendix B](#).) A competency-based checklist should be used to review skills annually.

## PERSONNEL MANUAL AND POLICIES

Management should also review the ASC's personnel manual annually. The purpose of this review is to evaluate the ASC's personnel policies against those of other ASCs and hospitals in the area. It is common in tight nursing markets for health care institutions to change policies to provide employees with incentives to leave their current employer. Review paid time off and other benefits annually to ensure that your ASC's offerings are competitive in the marketplace. Increasing the amount of paid time off after three years of employment and again after five years will encourage staff to stay with your ASC. Some ASCs provide lunch for the staff during the surgery day so that employees can remain in the ASC all day and be available for any medical emergency that may arise. This is a benefit that is always popular with staff.

A labor attorney should review the personnel manual to ensure that its policies are consistent with current federal and state laws and guidelines.

## POSITIONS WITH MANAGEMENT RESPONSIBILITIES

Specific management responsibilities should be given to the following three positions:

- The **OR Nursing Director (OR Supervisor)** is responsible for what happens in the ASC on the day of surgery;
- The **Head Nurse** is in charge of clinical issues when the Nursing Director is absent; and
- The **Administrator (Office Manager)** assists the OR Nursing Director and also is responsible for the administrative and business affairs of the ASC, acting as the liaison with the various ophthalmology practices to coordinate scheduling issues, insurance pre-certification clearance and patient relations.

## Technology Infrastructure Management

The software systems and hardware an ASC puts in place make up its technology infrastructure. That infrastructure is increasingly an integral part of the center's day-to-day operational flow, affecting everything from scheduling and billing to electronic health records (EHRs) and basic operational functions. Required equipment may run the gamut of capability and technologic advancement: sophisticated centralized servers, desktop workstations, monitors, scanners, signature pads, faxes, telephone systems and copiers. Wired and wireless Internet and other connectivity, as well as responsiveness of technology support personnel during and outside the ASC's operating hours, should be considered in the big picture of technology management. Finding the right people to manage the software and hardware is as important as buying the appropriate systems and equipment. The size of the ASC, as well as owner level of commitment to technology and performance, determines whether technology requirements should be managed internally or outsourced to a technology consulting firm.

## ISSUES TO CONSIDER

Important issues to consider are the initial costs of equipment and installation, ease of use, training, ongoing maintenance and upgrades, integration with other software systems, customization and backup. Owner/manager involvement in these conversations and openness to new developments in the IT space can benefit the overall success of any operation. Technology should be considered a

tool: having the right tools for the job yields a more efficient and more profitable operation.

Effective planning and management of an ASC's technology demands a high level of attention. Without a specific plan and ongoing oversight — activities that include all members of the ASC staff — technology can end up frustrating daily operations, rather than facilitating them. ASC ownership/management should expect to take time getting everybody to buy in to new systems so that staff welcomes the transition to a new system.

### EXTERNAL COMMUNICATION

Good communication with the community (both surgeons and patients) should include maintaining a website. Effective communications programs can enhance ASC profitability by getting the ASC's name out into the marketplace, and drawing additional doctors and their patients to the center.

### EHR AND RELATED INFORMATION SYSTEM SUPPORT

Medical practices and surgery centers have been utilizing electronic practice management (EPM) software systems for years. The function of these systems is to set appointment schedules and to provide a platform for electronic insurance reimbursement submissions.

For most ASCs, the gap between scheduling and billing has been filled with paper surgical charts. Recently, software companies have introduced electronic health records (EHR) to interface with the scheduling and billing functions.

EHRs have many advantages over paper charts. A well-designed ASC EHR system should permit remote block-scheduling from each surgeon's office, transmission of forms to the ASC medical record over a secured Internet protocol and remote access to charts for surgeons. These features greatly reduce the workload of creating paper charts in the ASC, while making the scheduling job easier for surgeons' offices.

EHR software pricing varies greatly. ASC managers and owners should therefore carefully check out various systems and weigh the features and benefits of each. (See Resources section at the end of this module.) Systems that are easy to use and that reduce workload should be benchmarked against paper chart costs and work flow. An ideal EHR system should be easier, faster and less expensive than paper records.

The Centers for Medicare and Medicaid Services (CMS) provides incentives and subsequent penalties for the use of EHRs. Make sure that the software platform you choose for the ASC has the ability

to communicate with physician office software (interoperability) so that required patient information will flow easily from office to ASC.

Required forms and features of an EHR system should include the following:

- Compliance with federal initiatives for "paperless" physicians
- Chart notes (physician/anesthesiologist/surgical nurse)
- Automated billing, accounting and reporting
- Electronic consent forms
- Preop health questionnaire
- Pre/Postop nursing records
- Pre/Postop surgeon's records
- Fully automated general and monitored anesthesia care (MAC) anesthesia records
- Intraoperative records
- Discharge summary ("super" bill)
- Automated generation of operative reports
- Quality assurance of electronic charts
- Full auditing features and reports
- Automation and management of patient records and documents
- HL7/DICOM connectivity to medical equipment
- Integration with third-party products

### Equipment and Supply Management

There are many different avenues for staying current on the latest ASC equipment in the marketplace and on the buying opportunities that exist. Trade publications, industry conferences, manufacturers' representatives, independent research and the anecdotal experiences of colleagues are all good sources of information. Once the ASC is operational, it is advisable to maintain continuous vendor contact to review how equipment is operating and how it can be better utilized and maintained.

A regularly scheduled program of preventive maintenance is necessary for all highly utilized equipment to ensure optimum performance and longer life span. Equipment upgrades should be considered and are usually included in maintenance agreements offered by the various OR equipment companies. A log should be maintained to record utilization of equipment so that outdated items



can be removed from the ASC in a timely manner. The market for used equipment and instruments is large; if equipment has been properly maintained, much of it can be resold. By the same token, not everything that is purchased for the ASC needs to be new. Nonelectric equipment, such as stainless steel ware, can be purchased in the secondhand market. Mechanical equipment should be purchased used only if it is backed by the original manufacturer.

The cost of medical supplies has become increasingly difficult to control in the wake of the federal government's publication of *Medicare Conditions for Coverage* ([www.cms.gov](http://www.cms.gov); then search "Conditions for Coverage"). Items labeled "single use" cannot be reprocessed; this has driven supply costs up. Purchasing personnel need to be on top of these requirements and should examine competitive OR products and utilize multiple supply vendors to extract the best prices.

Competition for sales always exists in the marketplace: the largest supplier does not always offer the best terms. To start the process of selecting a supplier, purchasing staff should obtain several quotes for the items that are used most frequently. Payment terms should be negotiated to maximize cash availability. In certain instances, there may be flexible promotional consignment terms for IOLs. The purchasing staff should leverage available information sources to learn about alternative suppliers and products. New products should be priced before being evaluated in the OR. ASC staff should be open to trying new products: such flexibility can contribute to efficiency and help the bottom line.

It is also important to manage inventory levels properly so as not to tie up valuable capital. High inventory levels of slow-moving items eat up storage space, and unused stored drugs can expire. In high-volume ASCs, warehouse management software systems can precisely manage inventory levels and set automatically triggered reorder points. Such systems are also integrated with the ASC's accounting system to allow for the posting and updating of invoices and payables. Even a single- or a double-OR ASC is not too small for such a system. Many firms offer warehouse management and related accounting packages; the costs of these systems have been coming down in recent years. The systems can be customized, but customization is usually not necessary for effective operation.

When examining the supply management function, ASC management/ownership must also consider another dimension: the staff hours that are being expended maintaining data records and supply flow. Using a purchasing agent for supply

purchasing and management, despite the incremental cost, often yields significant savings because of the discounts these companies are able to extract from suppliers and the warehousing capabilities they offer. Before rejecting the idea of going outside to get the services of a purchasing agent who can represent its interests, an ASC should perform a thorough cost analysis.

ASC managers should establish internal procedures and centralize ordering to contain costs. For example, surgical glove costs can vary widely. Procedures should dictate how products are ordered and what products are approved for purchase.

## Billing and Collection Services

Revenue is the fuel that runs the ASC engine. How efficiently an ASC collects the insurance claims that are due to it determines the fate of the business. Failure to expend adequate effort to collect revenue can greatly harm the ASC. Good ASC management starts by having the right people in place in the collections role — or a qualified firm under contract to perform collection tasks.

Make certain that the billing and collections staff understand the role they are performing and are properly trained to identify the procedural codes they will be using, as well as what different insurers require on claim submissions. Billing is not a mechanical process: the more the billing specialists understand about the procedures that are being performed at the facility and the subtleties of a discharge summary and use of modifiers, the greater the revenue stream will be and the faster it will flow.

It is important to have contracts in place and to review them annually for the group of insurance providers who are in-network. The credentialing process can be cumbersome and time-consuming; it requires a knowledgeable person who stays on top of the insurance company to complete the contracting process. Initial rate schedules often entail multiple rounds of negotiation and, once in place, are also subject to review and adjustment at different times. At least one person should be charged with staying current on developments related to various contracts and also on industry trends and proposed changes in legislation or regulations.

The billing function should be organized such that claims are submitted as quickly as possible after the procedure has been finished and patient records completed. The staff must monitor submitted claims and quickly turn around those that are rejected. The staff should also look for any patterns in the rejections to see if something is consistently

wrong or if something has changed. The submission of secondary claims is more difficult to track and control (compared with Medicare primary claims), but it is vital for profitability. Monies received must be quickly posted and cleared, and daily proofs need to be conducted to minimize reconciliation headaches at month's end. Duplicate payments or overpayments should be refunded when discovered. The insurance companies will either request return of the funds or ask for them to be applied against a subsequent claim.

As receivables start to age, the staff should not hesitate to escalate the issue and begin the collection process if needed. Waiting too long to get a payment from a patient, even if staff is in contact with the patient, only decreases the probability of eventually getting paid. Working out payment plans for select patients may be an acceptable alternative to demanding full payment of an open balance. ASC management/ownership must set metrics for the billing and collection functions with respect to the timely completion of tasks and for the receivables aging profile. Billing/collections staff should meet regularly to review the metrics and identify ways to improve performance further. The investment of time will yield significant returns. If collections fall behind, paying overtime hours to the billing department is worth the investment; additionally, hiring an outside consultant to review fees and billing practices is wise. (See the *Complete Guide to Coding* module in this series for more information on reimbursement.)

## Financial Reporting and Budgeting

An ASC needs to have a good budgeting process in place — and produce regular reports of financial results for review. Timely financial reports enable the managers of the center to see how they are doing against their annual plan, to spot where assumptions or market conditions require changes and to track revenues and expenses throughout the year. Whether budgeting and reporting responsibilities are assigned to full-time ASC staff or are outsourced does not change the fact that they need to be completed and that the information needs to be updated frequently. Management also needs to be aware of seasonal variations. In the Northeast, for example, the busiest time is from the start of autumn until the end of the year. Scheduling and staffing may need to be adjusted for time of year, and financial results should be benchmarked by month or season against the previous year's performance.

Good reporting is frequent reporting — namely, a monthly closing and reconciliation, followed up with quarterly reporting of financial results and variance analysis. The reporting packages generally consist of several income statements with comparisons to other time frames, balance sheet comparisons and also several forms of activity comparison, best sorted by either CPT code or physician name. If they are being distributed to the ASC shareholders, these reports are generally accompanied by a commentary on the results.

Sharing the results with the center's shareholders and other key individuals who assist in running the center is a good practice. It allows all involved to better understand the dynamics of the operation and to see how their actions and those of others translate into the financial reality of the ASC.

Additional functions such as the handling of payables, cash management, bank account reconciliations and banking relationships, interactions with the outside accounting firm and preparation of tax returns are also part of the financial life of an ASC. Seeing that these activities are taken care of expeditiously is an essential element of a good operation. (For more information on these subjects, see the *Financial Reporting and Management* module in this series.)

## Benchmarking

Benchmarking the ASC's results against the performance of other eye surgery centers will assist the managers of the ASC in determining how well the surgery center is performing. Joining the state surgery center association, as well as a national organization such as the Outpatient Ophthalmic Surgery Society (OOSS), will provide valuable tools for business, administrative and clinical benchmarking. (See **Resources** for more information.)

## Other Services to Consider

There are a myriad of other business-related functions and services that are part of running an ASC efficiently. These include having good legal support to review contracts, analyze regulations, prepare legal documents and give counsel when needed on compliance matters and related questions. The lawyer or firm providing such services should have experience in the industry and should be prepared to offer support on short notice. Carefully consider and outline the specifics before agreeing to any fee arrangements.

Also necessary are reliable and experienced contractors who provide building maintenance and

cleaning services. No facility wants to receive a poor result following a surprise inspection or encounter environmental infection control problems that show lack of regard for patient care or safety. The services of a reliable, experienced company are well worth paying a premium for. An ASC should also maintain a strong relationship with transportation companies, archiving services, waste disposal companies, electricians and plumbers who know the ASC complex and are on call for unforeseen emergencies.

## Scheduling

Efficient coordination of the OR schedule is of the utmost importance to efficient ASC operation because personnel expenses are a major overhead category in the ASC. Gaps in the schedule are costly. The best way to manage the daily schedule is by block-booking time for each surgeon.

### Block-Booking Considerations

If you make your ASC available to outside surgeons, here are some suggestions. It is important to get accurate data from a surgeon who wishes to join the medical staff of the ASC to determine how much time that surgeon will require. It is wise to obtain the surgery volume history from the surgeon's practice by requesting a report of all surgical procedures performed during the previous year. The surgeon's electronic billing program in his or her practice should be able to produce this information easily.

If both eyes require surgery, most doctors want to perform both surgeries within a month's time because Medicare requires a general history and physical examination within 30 days of a planned surgery. Performing surgery on both eyes in one month means that the patient will not need to return to the primary care provider for a second exam for the second eye surgery. Most doctors should be block-booked into the surgery schedule twice a month.

Cataract patients need to be seen by the surgeon postoperatively one day after surgery. Fridays usually are not popular surgery days with anterior segment surgeons because most doctors do not have Saturday office hours. Fridays are ideal for oculo-plastic surgeons, however. Their patients are seen postoperatively 72 hours after surgery, which would place a Friday surgical patient in the doctor's office the following Monday. Retina practices commonly operate seven days a week, so Friday surgeries can

work for them, too. Surgical complications that may occur with the anterior segment doctors Monday through Thursday can be managed on Friday by the posterior segment surgeons.

For pediatric surgeons, Friday is an excellent day to perform surgery. Children should be scheduled at a separate time from adult patients. Usually the parents are allowed to be in the preop and postop areas to comfort their children and spend time speaking with the doctors and nurses. Friday is usually a convenient time slot for working parents, too.

In dealing with the anterior segment practices, it is best to survey the practice to find out what days the surgeon has office hours and what days he or she is in the OR. If a doctor is moving surgery out of the hospital setting and into the ASC, the surgical time block will likely be reduced because ASCs have shorter downtimes between cases than do hospitals. It is a good idea for the ASC Nursing Director to observe the surgeon in the hospital OR, if possible, to evaluate case time. Doctors performing cataract surgery in less than 15 minutes would be best served by supplying two tandem ORs, so the nursing and anesthesia staff have adequate time to prepare the patient for the surgeon. Ideally, there should be only a few minutes' downtime for the surgeon between cases. For rapid procedures this can only be accomplished consistently and safely by having the surgeon migrate from one OR to another.

Long procedures, like retina and plastic cases, generally need an individual dictation for every case, so procedures of these types should be scheduled as single-OR cases.

Because changing the OR to accommodate a new surgeon later in the surgical-day schedule produces downtime, it is advisable for one surgeon to fill the entire day. As an example, if a surgeon is used to working four Wednesday mornings a month and completing surgery at noon in the hospital setting, it is more efficient for the doctor to operate two full Wednesdays per month at the ASC.

Most surgeons prefer morning OR time. Having surgeons work a full day opens up more mornings for other doctors on staff. Surgical centers that serve multiple, lower-volume practices will need to deal with afternoon time slots. A fair way to allot afternoon time is to assign each surgeon a morning slot and then an afternoon slot on another day.

One issue that can improve afternoon scheduling is to meet with the anesthesia staff to discuss NPO protocol. Many anesthesia groups, knowing that the anesthesia technique employed on cataract patients is either topical or a peribulbar block, allow patients to take their normal medications and also permit



them to eat a light meal in the morning before arriving for afternoon surgery. This makes for happier, less-stressed patients, especially those with diabetes. Under these circumstances, many surgeons will accept afternoon-block time.

It is important for the Nursing Director to prioritize the cases to be handled. This can be done by marking each surgical preop chart with the level of difficulty anticipated in the surgical plan:

- **Marking the chart with a 1** indicates a routine case.
- **Marking the chart with a 2** indicates a more difficult surgical case, such as a glaucoma patient requiring iris hooks.
- **Marking the chart with a 3** indicates an unusually difficult and long case.

The surgeon should start the day with all the category 1 cases. This should ensure that the beginning of the schedule will move along on time and with minimal difficulty. Once those cases are completed, the category 2 cases should be performed. Assign a longer time block for these procedures. This will allow the surgeon to take the time required to attend to the anticipated extra steps for the more complicated cases.

Category 3 cases should be performed on a separate day. Cases of this sort are unpredictable and should be carried out without the pressure of also having to perform numerous routine surgery cases.

A time gap should be established before the day of surgery to give the ASC the ability to add slots for non-blocked cases of other doctors and to open time for emergency cases, such as retina cases. Generally this would be a two-hour time slot in the afternoon for an emergency case. In multiple-OR facilities, the extra time needs to be reserved in only one of the ORs. Without a time gap, OR time will go unused, reducing profitability and efficiency.

## Cancellations

Cancellations are an inevitable part of ASC operations. Random patients cancel because of comorbid conditions that require treatment before eye surgery can safely be performed. Surgeons cancel because of personal emergencies. It is difficult to manage around last-minute cancellations. Publishing the schedule one year in advance so that each practice can double-check for conflicts such as vacations or religious holidays can help reduce cancellations.

If you allow other surgeons to use your ASC, here are some suggestions for minimizing cancellations. When the same practice is the source of repeated cancellations, an investigation should take place to determine why this is happening. A review of the office charts is helpful to see if a pattern can be identified. Repeat cancellations can often be attributed to unsatisfactory communication between office and ASC. It is good practice for the ASC Office Manager to visit the problem practice with the ASC Surgical Coordinator to study all cancelled cases and reach a mutually agreeable solution. Unresolved problems should be referred to the ASC Medical Director for further investigation.

## Required Documents for Surgery

Patients need to supply, complete or review a number of consent forms and other materials before surgery. The surgeon's office provides the patient or a member of the patient's family with a folder containing the ASC forms that require attention and notifies the patient of the deadline for mailing any required documents to the ASC. The surgeon's office should also give the patient the phone number of an ASC staff person to contact with any questions. The ASC calls the patient preoperatively to review the forms and answer any questions that the patient or family member may have. (Any surgery-specific questions the patient might have should be referred to the surgeon performing the procedure, not to the nursing staff at the ASC.) Perioperative-type questions may be directed to a nurse to handle.

*Medicare Conditions for Coverage regulations* ([www.cms.gov](http://www.cms.gov); search for "Conditions for Coverage") require that patients be fully informed before having surgery at an ASC. The following are some of the forms patients must review, supply and/or complete. Templates for most of these forms appear in Appendix A. The checklist in Figure 1 summarizes common ASC forms and their functions.

## Patient Rights and Responsibilities

As of May 18, 2009, CMS requires that each patient be given a copy of his or her rights verbally and in writing prior to the procedure date in a language or manner the patient or his or her representative understands. (See the *Managing ASC Quality and Performance* module in this series for more information.)

Figure 1: Common ASC Forms: A Checklist

FORM NAME	DESCRIPTION	TIMELINE	WHO PROVIDES OR RECEIVES?
<b>PATIENT INFORMATION SHEET</b>	Education and answers to commonly asked questions for the patient.	Given to patient <i>at least</i> 24 hours in advance of scheduled surgery (preferably, when surgery is scheduled)	Patient must acknowledge receipt with signature.
<b>PATIENT HISTORY AND PHYSICAL</b>	Primary care physician's approval for surgery. Lab work <i>is not</i> required.	Within 30 days of surgery	Primary care physician must sign.
<b>EKG VERIFICATION FORM</b>	All patients over age 60 must provide.	EKG performed within 6 months of date of surgery	Primary care physician or cardiologist signs, dates, and interprets.
<b>PATIENT'S INFORMED CONSENT</b>	Describes the risks and benefits of the proposed surgery. Should be specific to the physician and the procedure. Should identify the eye as right or left, not OD or OS.	Completed by physician and patient <i>at least</i> 24 hours in advance of surgery	Physician and patient must both sign.
<b>FINANCIAL INTEREST STATEMENT</b>	Notes that surgeon has a financial interest in the ASC.	Given to patient <i>at least</i> 24 hours in advance of scheduled surgery (preferably, when surgery is scheduled)	Patient must acknowledge receipt with signature.
<b>ADVANCE DIRECTIVE</b>	Legal documents that ensure patient's wishes are followed if patient cannot make decisions for him- or herself.	Provided by patient <i>at least</i> 24 hours in advance of scheduled surgery (preferably, when surgery is scheduled)	Patient must provide to ASC.
<b>PATIENT BILL OF RIGHTS</b>	Document outlining patient's rights. The ASC's policies, procedures and actions must be consistent with protection of the patient's rights.	Given to patient <i>at least</i> 24 hours in advance of scheduled surgery (preferably, when surgery is scheduled)	Patient must acknowledge receipt with signature.
<b>OCULAR HISTORY</b>	Substitute for a dictated preoperative note.	Provided to ASC <i>at least</i> 24 hours in advance of surgery	Referring physician provides to ASC.
<b>IOL DIOPTR FORM</b>		Provided to ASC 1 week before surgery, to allow time to order IOL if out of stock and avoid costly rush delivery charges.	Referring physician provides to ASC.
<b>IOL ORDER SHEETS</b>	Order form for the intra-ocular implant for cataract surgery.	Provided to ASC <i>at least</i> 3 days in advance of scheduled surgery	Surgeon provides to ASC.
<b>DRIVING DIRECTIONS TO ASC</b>	Clear, written instructions including a telephone number. If ASC is at same location as practice, patients should be given instructions for entering the ASC.	Given to patient <i>at least</i> 24 hours in advance of scheduled surgery (preferably, when surgery is scheduled)	ASC provides to patient.
<b>CONSULTATION LETTER</b>	Confirms patient's upcoming surgery and requests general history and physical information from patient's physician.	When surgery is scheduled	ASC provides to medical clearing physician.
<b>PATIENT INSURANCE FORM</b>	Serves as the assignment of benefits.	Day of surgery	Patient completes.
<b>PREOPERATIVE HEALTH QUESTIONNAIRE</b>	Permits evaluation of health and risk factors.	A couple of days before surgery for ASC staff to review	Patient completes.

## Advance Directives

Advance directives are legal documents that ensure that patients' wishes are followed if they are unable to make decisions for themselves. All Medicare and Medicaid certified ambulatory surgical facilities are required by federal law to provide information on advance health care directives to their patients.

The patient should provide a copy of his or her advance directive(s) to the ASC prior to the date of surgery, and the advance directive(s) should be kept in the patient's chart.

Check with your state medical society to determine the advance directives recognized by your state. Examples may include a Health Care Proxy, a Do Not Resuscitate Order and a Living Will.

## Disclosure of Financial Interest

Pursuant to law and proper disclosure, physicians who have a financial interest in a health care service or health care facility, such as an ambulatory surgical facility, should disclose that interest to their patients who will be undergoing a surgical procedure.

## Patient Acknowledgment Form

When patients receive the Patient Bill of Rights, financial interest and advance directives information, they must sign an acknowledgment form indicating that they received these materials prior to the date of surgery.

## Patient Instruction Sheet

Patients should be given a sheet instructing them how to prepare for their surgery. The information should include a telephone number patients can call for answers to their questions.

## Consultation Letter

The ASC should provide the medical clearing physician with a consultation letter confirming the details of the surgery.

## Patient Billing and Payment Notice

Insurance benefits should be verified when the surgery is scheduled, and they should be confirmed two days before surgery. Because health insurance coverage can change, it is wise to verify that patient benefits are valid for the procedure for which they are scheduled. Some insurance companies require

a precertification before surgery can be performed. Failure to get the required approvals may result in denial of the insurance submission.

Patients who are unable to pay out-of-pocket expenses, such as the Medicare copayment, must sign a hardship waiver form so that the ASC can legally comply with CMS's collection requirements. Post-surgery, patients are often confused when they receive separate bills from the surgeon, the ASC and the anesthesiologist. To prevent confusion, patients should be made aware that this will occur when they schedule their surgery, and they should be given written notice of this fact on checkout.

## Cancellation Policy

Advise patients and surgeons using your ASC of your cancellation policy and of penalties for late cancellation and no-shows.

## Checklists for Surgeons and Staff

You may also find it useful to develop reminder lists for surgeons using your ASC and checklists that can help other ASC staff do their jobs effectively.

ASC staff should contact all patients before the day of surgery to answer all questions regarding arrival time, scheduled surgery start time, allergy information, paperwork issues and any concerns that the patient or family members may have.

Special requests should be relayed to the Nursing Director for review. The Nursing Director should communicate with the anesthesia department and the surgeon regarding any new medical information that does not appear on the patient's preop chart.

## Postsurgery Activities

ASC staff should provide each patient with postop instructions and a reminder of his or her postop appointment time, along with a phone number to call should the patient have questions.

Once surgery is completed, a responsible adult should accompany the patient out of the ASC building. It is helpful to have an orderly assist in getting the patient safely into the car.

Patients should be sent a survey to evaluate patient satisfaction and outcomes. (See the *Managing ASC Quality and Performance* module in this series for an example.)

## ASC Operating Policies and Procedures Manual

An ASC must have a policies and procedures manual that has been approved by its governing body. Because each state has different rules and regulations governing ASCs, it is essential that those charged with producing the ASC's policies and procedures manual familiarize themselves with their state's codes before beginning. The ASC's governing body should review outcomes annually.

The policies and procedures manual is the basis for all activities that occur within the ASC, so the policies must reflect what actually happens during the normal course of business. It is common for ASCs to change their routines when new operations are introduced, new equipment is purchased and staffing changes are made. It is essential that the policies and procedures manual be modified to reflect these changes when they occur.

Based on the rules outlined in its policies and procedures manual, the ASC develops protocols to standardize its surgical organization routines to ensure safety and efficiency while maintaining consistent clinical core competency. From the medical/legal perspective, any activity that results in litigation will be researched to confirm that the ASC followed the policies and procedures outlined in its manual. See Appendix B for a recommended table of contents for such a manual, as well as sample language from selected sections of a hypothetical manual.

## Resources

### ASC SUPPLIES

**SimplifEye Ophthalmic Purchasing Program:** This Academy/AAOE program from Henry Schein, Inc., the largest distributor of health care products, features a special formulary, developed with the help of ophthalmologists, to provide you with the best possible prices on the medical, surgical and front office supplies you need. [www.aao.org/simplifeye](http://www.aao.org/simplifeye)

### BENCHMARKING INFORMATION

**Outpatient Ophthalmic Surgery Society's (OOSS) Benchmarking Survey:** Visit the Society's website to participate in or access the results of the OOSS ophthalmic ASC benchmarking survey. [www.ooss.org](http://www.ooss.org)

### ELECTRONIC HEALTH RECORDS

**EHR Central:** Academy and AAOE members can use this online resource to help select, implement and make the most of an EHR system. Resource also includes EHR vendor and system information, including vendors offering a surgery module. [www.aao.org/ehr](http://www.aao.org/ehr)

### OTHER ORGANIZATIONS

American Society of Ophthalmic Registered Nurses (ASORN): [www.asorn.org](http://www.asorn.org)

Association for Professionals in Infection Control and Epidemiology (APIC): [www.apic.org](http://www.apic.org)

Association for the Advancement of Medical Instrumentation (AAMI): [www.aami.org](http://www.aami.org)

Association of periOperative Registered Nurses (AORN): [www.aorn.org](http://www.aorn.org)

Centers for Disease Control and Prevention (CDC): [www.cdc.gov](http://www.cdc.gov)

Medicare Conditions for Coverage: [www.cms.gov](http://www.cms.gov); then search "Conditions for Coverage"

Occupational Safety and Health Administration (OSHA): [www.osha.gov](http://www.osha.gov)

## Appendix Guide

Visit [www.aao.org/ascadmin](http://www.aao.org/ascadmin) for the following appendixes, which contain customizable templates for common ASC forms and documents.

### APPENDIX A: ASC PAPERWORK TEMPLATES

- Patient Rights and Responsibilities
- Informational Document on Advance Directives
- Disclosure of Financial Interest
- Patient Acknowledgment Form
- Patient Instruction Sheet
- Consultation Letter — Medical Clearance for Surgery
- Patient Billing and Payment Notice
- Surgeon Reminder
- Patient Record Documentation

### APPENDIX B: ASC POLICIES AND PROCEDURES MANUAL

- Recommended Table of Contents for an ASC Policies and Procedures Manual
- Sample Content for an ASC Policies and Procedures Manual