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Accreditation packets (Figures 1 & 2) may be obtained from these two organizations as follows:

Figure 1 — AAAHC

Accreditation Association for Ambulatory Health Care, Inc.

9933 Lawler Avenue, Skokie, Illinois 60077-3708

phone: 847-676-9610 *fax:* 847-676-9628

Figure 2 — JCAHO

Joint Commission on Accreditation of Healthcare Organizations

Packaging Unit, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181

phone: 630-916-5519 *fax:* 630-792-5005

A center's commitment to becoming accredited is really a commitment to education and self-improvement. AAAHC defines this as a "sense of obligation coupled with a willingness to critically evaluate one's own performance."² The JCAHO seeks to define "quality and accountability" through "performance objectives."³ The short-term benefits of accreditation include prestige and community respect, as well as improved remuneration through insurance recognition. The greatest long-term reward of accreditation is the provision of a mechanism by which an ongoing process of self-improvement and evaluation is established.

WHAT MAKES A CENTER SUCCESSFUL?

A successful surgery center incorporates the fundamentals of accreditation standards into the reality of a smooth-running, safe facility. Is the surgery center a place where you would feel comfortable taking a loved one for healthcare? A successful center is also a cost-efficient institution. It gives user-friendly, high-quality medical care to the community. It is important for each surgery center to create its own individualized 'quality formula' to evaluate the parameters of patient satisfaction, clinical quality indicators, and cost analyses. Many freestanding ambulatory surgery centers have become so valuable to their surrounding medical community that they have attracted other healthcare providers and services to build up around them — creating what could be considered the 'hospital' of the 21st century.

This **Medical Mall** (Figure 3) concept is beginning to develop across the country (example below):

ESTABLISHING AND ACCREDITING A SUCCESSFUL FREESTANDING SURGERY CENTER

ADAM FREDERIC DORIN, M.D.

Every freestanding surgery center has its own unique beginning. Some are smaller, single-specialty ventures which represent little more than office-based operating rooms. Others are quite large, multi-specialty, multi-O.R. *mini-hospitals*.¹ All successful freestanding surgery centers share the same core qualities.

THE CONCEPT STAGE

A successful surgery center grows from a solid foundation. When capital assets are paired with healthcare professionals and administrators to create a plan and timetable for completion of the physical plant, the project is ready to begin. In the early stages, medical staff bylaws and a structure of governance are defined. Legal consultants and accountants experienced in handling such projects are essential. Motivated physicians who plan to invest their money and time in the surgery center, and who hope to be comfortable practicing in the center, need to be active participants at this early stage.

Amongst the accountants, community investors, managers, and surgeons joined around the table in the initial phases of a surgery center's development, an anesthesiologist is a key player. Several factors make anesthesiologists, and the field of anesthesiology, uniquely poised to positively influence the freestanding ambulatory surgery center environment:

- Anesthesiologists have a unique knowledge of the perioperative experience.
- Anesthesiologists are often the only physicians with a continuous, daily presence in the ambulatory surgical care setting.
- Anesthesiologists direct the medical management of the perioperative process.

THE 'FREESTANDING' IMPLICATIONS

Hospital-based ambulatory surgery units can be inherently different from their freestanding counterparts. Although the practice of a good day-surgery anesthetic may be the same, many other factors differ. Freestanding facilities must be self-sufficient. Everything from the ordering of supplies to the ramifications for emergency response measures must be handled in-house. With regard to the credentialing of medical staff, and the confidentiality of patient records, this *independence is absolutely essential to adherence with many accreditation standards*.

* Some of the more highly regulated states closely monitor the total number of operating rooms in a given jurisdiction, requiring extensive Certificate of Need applications for approval of new surgery centers.

freestanding ambulatory surgery centers enjoy many highly coveted advantages over their hospital-based brethren. Many centers find that their distance from a parent hospital allows freedom from restrictive, cumbersome, and often unnecessary practices. This freedom can allow creative changes in patient care modalities, and facilitate more patient-friendly approaches to surgical care. It is no secret that some of the most innovative pursuits of quality assessment, cost-savings analyses, and efficiency improvements in healthcare delivery have come from freestanding surgical care settings.

Quality organizations can and do exist in all types of settings. Most of us are aware, however, of the formidable migration of our best staff, nurses, and physicians to outpatient surgical care facilities. These progressive factors which influence freestanding surgery centers often account for the comparatively high marks regarding patient and staff satisfaction.

Anesthesiologists in freestanding ambulatory surgical centers are more closely involved with the overall decision-making processes governing their work environment. From the preoperative phone call or visit, to the discharge home after surgery, the ambulatory anesthesiologist has a uniquely global perspective and impact on the perioperative experience.

ACCREDITATION

Although many subspecialty societies grant 'accreditation' to office-based and single-specialty surgical practices, there are really only two major accrediting bodies in the United States: the *Accreditation Association for Ambulatory Health Care (AAAHC)* and the *Joint Commission on Accreditation of Healthcare Organizations (JCAHO)*. These are the only two organizations with the privilege to grant Medicare "deeming" status to a facility. These are also the only two organizations with almost universal acceptance by the huge array of managed care organizations and third-party insurance companies. The stamp of approval these accrediting organizations grant can make the difference in gaining coverage for services rendered. Both are highly reputable organizations with a strong commitment to excellence in surveying and accrediting the vast spectrum of freestanding surgical facilities across the country. Both also share a common theme in the evaluation of *compliance* with various predetermined standards. The principal areas upon which a surgery center is evaluated are described as follows:

AAAHC opens its manual on 'core standards' with the section "*Rights of Patients — an accreditable organization recognizes the basic human rights of patients.*"⁶ This is an appropriate beginning from which all else that is important follows. *Governance and Administration* are fundamental areas to be evaluated. These sections of the accreditation process deal with the policies and goals of an organization, and how these objectives are fulfilled. Clinical quality is addressed by subsections on *anesthesia, surgery, pharmacy, pathology, and radiology*. A crucial — and often difficult — area of assessment is *Quality Management and Improvement*. Here, an organization's efforts at peer-based quality assessment and risk management activities are evaluated. **Although AAAHC and JCAHO will often have slightly different wording for their sections on standards, the core content is the same.** Other areas of an accreditation survey address *clinical records, the physical plant, and credentialing of staff*. Some centers are open for critique in the areas of twenty-three hour overnight care, emergency services, occupational health services, and research activities.

Surgeon Offices

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23-hour Care Center—*Ambulatory Surgery Center*—Home Health Care

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Pain Management Clinic

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General Practitioners

Pharmacy, Laboratory Services, Radiology Services

Cancer Center Rehabilitation Center

Community Education Center

CONCLUSION

Anesthesiologists should be involved at all levels in the ambulatory surgery arena. The majority of all surgeries are being performed on an outpatient basis, and there is an exponential growth of freestanding surgery centers. It behooves all anesthesiologists to become better acquainted with the medical, administrative, and business aspects of establishing and accrediting these facilities. Only with this knowledge can we best represent our patients and our specialty in this new frontier of perioperative care.

References

1. *Accreditation Handbook for Ambulatory Health Care*. 1996-1997 Edition, Accreditation Association for Ambulatory Health Care, Skokie, IL, 1996; 19
2. *Accreditation Handbook for Ambulatory Health Care*. 1996-1997 Edition, Accreditation Association for Ambulatory Health Care, Skokie, IL, 1996; 77
3. *1996 Comprehensive Accreditation Manual for Ambulatory Care*. Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, 1995; V