

Presented by:

Tom Terranova, JD MA MBA, Executive Director

Disclosures

•No Disclosures



Confidential: AAAASF Investigative Committee Report 10/2017

Background



- First interaction mid-2019
- Regulators and others struggle distinguishing between unfortunate consequences of complex patient conditions and substandard practices.
- Provide third-party assessment of safeguards in place.



Landscape

Facility Specialty	Facilities	% of Total	Investigations	% of Total	Investigations	% of Total
	(2019)	Facilities	2018		2019	
Gastroenterology	298	11.0%	19	13.5%	12	10.2%
General Surgery	66	2.4%	4	2.8%	4	3.4%
Miscellaneous	111	4.1%	6	4.3%	2	1.7%
Obstetrics and Gynecology	213	7.9%	0	0.0%	4	3.4%
Ophthalmology	86	3.2%	10	7.1%	10	8.5%
Oral Maxillofacial Surgery	29	1.1%	0	0.0%	o	0.0%
Orthopaedic Surgery	46	1.7%	3	2.1%	3	2.5%
Otolaryngology	58	2.1%	0	0.0%	1	o.8%
Pain Management	152	5.6%	10	7.1%	10	8.5%
Plastic Surgery	884	32.7%	38	27.0%	29	24.6%
RHC	287	10.6%	0	0.0%	1	o.8%
Vascular Surgery, Cardiovascular Surgery, Radiology, & Nephrology	111	4.1%	45	31.9%	40	33.9%
Urology	74	2.7%	6	4.3%	2	1.7%
Total	2706		141		118	

• What regulators see, without context



Mission

- Patient Safety is the Mission of AAAASF
- Dovetails with OEIS
 - OEIS's mission is to serve the public and the medical profession by improving the quality of healthcare through setting and adhering to these professional quality standards.
- Provides External Quality Assessment (EQA)



About

- Since 1980
- Peer-based
- Educational
- 100% compliance
- Board certified/eligible
- Hospital privileges
- Continuous improvement
- Purpose built







Duty

- Assess the safety of care in each setting
- Standardize practices for consistent safety
- Standards focus on safety, limited bureaucracy
- Use data to drive revisions and improve care
- Educate facilities on compliance, not punish
- Require physicians work within their scope



Programs



American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

- Pediatric Dentistry launched May 2019
- 3 Medicare approved programs (federal)
- Individual approvals by states
- ISQua certified 2015
- 2,700+ accredited centers world-wide





Expansion

- 40-year evolution
- Voluntary origin
- Societies and Government agencies began regulating ambulatory care
- AAAASF has:
 - History of responsiveness
 - Culture that supports centers
 - Engages renowned subject matter experts
- Respect for patient care as a global standard that creates consistent care



Approach

• Integrative philosophy to understand:

- Scope of practice rules
- Professional certifications
- Local laws, regulations, and barriers
- Work directly with local agencies
 - Report compliance
 - Collaborate on investigations
- Integrate centers into committees



Evolution

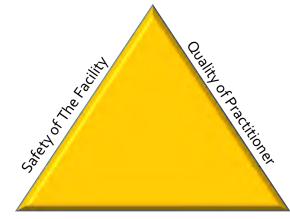
• Expanding expertise through engagement

- Successful implementations include
 - AAOMS helped create standards and training for oral surgery
 - NARHC experts to craft training and serve as rural health faculty
- NARA contributes to training and serve as therapy faculty
- Incorporated anesthesia and gastroenterology to improve surveys
- UAE and Dubai health agencies as partners in the GCC
- Ancillary regulations (e.g. chemicals)



Impact





Appropriateness of Patient

- "...preparing for the inspection and the inspection process itself has been very beneficial to me, my staff and of course the full effect for my patients in terms of patient safety." - Richard Hamilton, MD, Medical Director, Hamilton House Day Surgery, Australia
- "When I started, I thought that maybe it would be a good marketing tool. But after being accredited, I can see that it has helped the facility. The standardization of process has helped the staff." Timo Pakkanen, MD; Siluetti Health Clinic, Helsinki Finland

Standards

- General Environment
- Operating Room
- Recovery Room
- General Safety in the Facility
- IV Fluids and Medications
- Medical Records
- Quality Assessment, Quality Improvement
- Personnel
- Anesthesia



Cycle

- Activity throughout
- Quarterly peer review
- Real-time unanticipated event reporting
- Additional surveys after major changes





Survey

- Staff begins assisting upon application
- Survey includes
 - Meeting with key staff
 - Walk through
 - Document review
 - Interviews
 - Summation conference
- Report submitted
- Deficiencies corrected
- Accreditation conferred
- Health authorities notified





Data

- 12 cases per proceduralist per year
- All adverse events
- Establishes quantifiable patient safety data
- Drives standards revisions to improve care
- Contributes to scholarship and clinical safety



Sequelae

- Sequela rate of 1/207 procedures .34%
- Hematoma rate .11%
- Infection rate .05%
- VTE rate .01%
- Death 1/55,032 procedures or .0018%
 - VTE accounted for 37% of deaths



Scholarship

- Patient safety initiatives and statistics
- Collects statistics for quality assurance
 - Good data improves patient care
 - Prompts data-driven standards revisions
- AAAASF accredited facilities are associated with a low incidence of unanticipated sequelae
- Data use partnership with Harvard maximizes the data's impact
 - Researchers produce scholarly articles on safety and quality
 - "National Mortality Rates after Outpatient Cosmetic Surgery and Low Rates of Perioperative Deep Vein Thrombosis Screening and Prophylaxis." *Plastic and Reconstructive Surgery*, 142(1), 90-98.
 - "Quantifying the Crisis: Opioid Related Adverse Events in Outpatient Ambulatory Plastic Surgery" *Plastic and Reconstructive Surgery* revisional stage





Surveyors

- Peers surgeons, dentists, or anesthesiologists working in Centers
- Attend training course
- Pass written examination
- Complete an on-site survey observation*





Value

Unbiased evaluations

- Consistent methods
- Empathy with challenges
 - Make clear citations
 - Suggest corrective actions
 - Identify best-practices, beyond citations
- Yes or No objectivity
- Evidence of corrections requirement fosters sustainable improvement



Questions?

Thank You

Executive Director – Tom Terranova (tterranova@aaaasf.org)

Deputy Executive Director – Jeanne Henry (jhenry@aaaasf.org)

Chief Regulatory Affairs Officer – Monda Shaver, RN (mshaver@aaaasf.org)

Phone: +1 847-775-1970 Fax: +1 847-775-1980 Web: www.aaaasf.org

