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INSIDE »

MANAGE AR EFFECTIVELY

TRACK CLINICAL METRICS
FOR TOTAL JOINT SUCCESS



Performing Total Joints in ASCs

Opportunities and challenges

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Ambulatory Surgery
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Evaluate Your ASC's Ancillary Services

Develop a process and use technology **BY DAREN SMITH**

A standard for contracted services within the Medicare Conditions for Coverage (CfC) defines the expectation that an ASC will ensure that any services received through a contract with an outside vendor will be provided in a safe and effective manner.

Let us look at the exact language used in the interpretive guidelines concerning this requirement (§416.41(a)): “The ASCs may contract with third parties for provision of the ASC’s services, including the ASC’s environment. However, such a contract does not relieve the ASC’s governing body from its responsibility to oversee the delivery of these ASC services. Given that many ASCs operate closely with a physician practice or clinic, or that some ASCs share space with other ASCs or other types of healthcare facilities operating at different times, use of a wide range of contract services may be common in ASCs. The ASC must assure that the contract services are provided safely and effectively. Contractor services must be included in the ASC’s QAPI (quality assurance and performance improvement) program.”

To best comply with these Medicare requirements, which also will be an expectation of an ASC’s accreditation organization, surgery centers will want to develop processes for the effective evaluation of contracted services. The use of technology can help centers assess their services and identify opportunities to improve quality and performance.

Consider these recommendations and tips to help with evaluating commonly contracted ASC services.



Anesthesia

Audit anesthesia charts—whether generated by internal anesthesia providers or a third-party anesthesia group—for quality of care and compliance with documentation standards as defined in the anesthesia section of the CfC.

When evaluating anesthesia charts, review data concerning on-time starts. On-time starts are a good indicator of how closely your anesthesia providers pay attention to and are considerate of your surgical schedule and, thus, your center and its patients. You can evaluate performance concerning on-time starts by reviewing reports or data in an analytics solution on tracked room time and/or delay reason tracking.

Evaluate these charts for anesthesia completion. Do the charts have all the information needed to be consid-

ered complete? This evaluation can be streamlined via software or performed manually.

You also will want to evaluate surgeon satisfaction with anesthesia services and patient satisfaction with anesthesia care. Include questions about anesthesia experience in surgeon and patient satisfaction questionnaires.

Housekeeping

One of the most important purposes of housekeeping services is to reduce the likelihood of infections. Closely monitor and assess your ASC’s infection rate, gathering infection information through surgeon surveys. If infections begin to climb, ensure you scrutinize the performance of your housekeeping services provider and look for shortcomings that might be contributing

to a rise in infections. A lack of environmental standards can contribute to higher infection rates.

An ongoing evaluation of standard housekeeping practices is essential and can be conducted through randomized checking and observation of cleaning practices using an evaluation tool. An electronic version of this tool can help expedite evaluation and generate reports you can review and compare over time.

Lean on your patients for feedback on facility cleanliness as well. Include cleanliness in your patient satisfaction surveys to reveal how patients perceive the level of cleanliness in your facility.

Pathology

If your ASC uses pathology services, you will want to evaluate a few areas, starting with pathology report timeliness. A timely pathology report is essential to learning about concerning results and getting patients started on a treatment regimen. Your coder could sometimes need pathology results for billing purposes. Quicker results translate to quicker bills out the door and quicker payments. Perform an evaluation by monitoring specimens sent to your pathology service provider and the time required to turn around the report to the performing surgeon and your ASC.

Evaluate whether the pathologists who examine specimens from your ASC are properly credentialed by your center. Requiring those pathologists who will be reviewing your surgeon's specimens to be credentialed by your ASC helps ensure you work only with qualified individuals.

At least once a year, you might want to arrange for an unbiased, third-party analysis of your pathology services. Send a randomized submission of samples to another laboratory for evaluation and compare that lab's results to your lab's.



Nursing and Scrub Tech Services

To evaluate the quality of care delivered by contracted nursing and/or scrub techs, start by evaluating these providers during orientation and then testing all contracted nursing services. Examples of tests can include return demonstration, a written test and observation/evaluation of tasks (e.g., surgical prep, IV start).

Regularly perform chart audits for those patients and cases that involved contracted nursing and/or scrub techs. Perform chart audits to assess quality of documentation at a higher frequency for contracted personnel than you would for internal personnel because contracted personnel are likely less familiar with your ASC's documentation policies and procedures.

To further evaluate contracted scrub techs' quality of care, conduct a random assessment of their performance through your physician satisfaction survey.

Revenue Cycle Services

If your ASC outsources its revenue cycle services, evaluate this service provider just as you would those providers that more directly impact clinical quality and safety. Evaluation of revenue cycle management likely takes at least two forms. First, assess this service provider's performance by monitoring revenue cycle key performance indicators (KPI). Run reports

and examine analytics in areas including service date to initial bill, age of accounts, average accounts receivable days, percentage of denials and percentage of successful appeals.

Second, evaluate coding quality through a third-party assessment, just as you would for pathology. Take a randomized collection of cases and send them to a third-party ASC coder for coding, then compare the results.

Maximizing the Value of Evaluation Efforts

While evaluation of contracted services is a requirement intended to help you determine whether your third-party contractors are delivering high-quality services, the evaluation processes and information gathering required for evaluation can help your ASC do much more.

To meet requirements, you will need to present evaluation data and KPIs to your governing board for third-party contractor approval. This also is a good time to discuss what the data and KPIs are telling you about contractor performance and whether a change should be considered. If an evaluation reveals a likely problem or shortcoming in performance, consider whether this is an area worth further examination that can help you identify opportunities for improvement (i.e., a topic for a QAPI study). A good contractor partner will welcome further scrutiny of their performance and help you perform a comprehensive QAPI study that might benefit both parties.

Finally, the required evaluation of contracted services should provide you with helpful data when the time for renewal negotiations arrives or when you want documented data to support contract termination. <<



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