Ambulatory Surgical Centers Working Group Update

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CMS defines ASCs as distinct entities that exclusively provide surgical services to patients who do not require hospitalization or a stay >24 hours.

Other venues for ambulatory surgery include hospital outpatient departments and physician offices.

Currently, >5,300 U.S. Medicare-certified ASCs:
- ~25% are accredited (by AAAHC, AAAASF, TJC or AOA).

2007: >6 million procedures performed in ASCs and paid for by Medicare at a cost of nearly $3 billion:
- >70% of claims are for endoscopy, eye (e.g., cataract removal), and spinal/lower back injections.

ASCs are surveyed to measure compliance with Conditions for Coverage (CfCs):
- 2008: expanded infection control requirements.
- 2009: infection control worksheet and 3-year cycle implemented.
Ambulatory Surgical Centers Interagency Workgroup

- **Formed January 2010**
  - Centers for Medicare and Medicaid Services (CMS)
  - Centers for Disease Control and Prevention (CDC)
  - Agency for Healthcare Research and Quality (AHRQ)
  - Indian Health Service (IHS)
  - HHS Office of Healthcare Quality

- **Action Plan**
  - **HAI prevention needs**
    - Proactive HAI Prevention at the Clinic Level
    - Sustain and Expand Improvements in Oversight and Monitoring
    - Develop Meaningful HAI Surveillance and Reporting Procedures
  - **Outline of Next Steps**

http://www.hhs.gov/ash/initiatives/hai/tier2_ambulatory.html
ASC Workgroup Activities – Stakeholder Meetings

- Action Step 1: Engage Stakeholders to Facilitate Collaboration and Promote a Culture of Safety
- Series of meetings held with HHS Divisions, Accrediting Organizations, State HAI Programs / Agencies / Hospital Associations / Quality Improvement Organizations, professional groups, providers, consumers and other stakeholders
  - Sept. 24, 2010 – Progress Toward Eliminating HAI; day 2 session on ASC Action Plan and Measurable Goals
  - March 10, 2011 – ASCs: Implementing Strategies to Enhance Infection Control and Prevention Practices
  - May 3, 2011 – ASC Association Infection Prevention Summit
"The best tool for assuring infection prevention practices in ASCs is an engaged and involved staff that put the patient first, employing current evidence-based guidelines, performing regular quality audits, and ensuring the staff understand and execute the procedures outlined in a policy."

-- Dr. Steven Gordon, President, Society for Healthcare Epidemiology of America

Selected ASC Workgroup Activities / Updates

- **Safety Culture**
  - Plans for using and adapting the AHRQ Medical Office Survey on Patient Safety Culture to obtain baseline cultural assessments and developing a related ASC Patients' Perspectives of Care Survey

- **Improved Process of Care**
  - Ongoing collaboration between CMS, CDC, and State Survey Agencies to review infection control deficiencies identified through inspections
  - AHRQ project to develop a socio-technical probabilistic risk assessment (STPRA) model on surgical site infections in ASCs
  - Optimized adherence to infection control procedures
  - Scalable process, device, or facility design improvements
  - Targeted education and prevention initiatives
**Selected ASC Workgroup Activities / Updates**

- **Education and Training**
  - Completed an inventory of stakeholder prevention, education, training, and outreach resources and activities.
  - Infection Prevention Training for Ambulatory Surgical Centers
    - OHQ-sponsored HHS Region II project which developed in-person training for NY/NJ/PR ASC staff with support from CDC, CMS, APIC, and other partners including HAI Programs and health departments.
  - Workshops on “Infection Prevention for ASCs: Meeting CMS Conditions for Coverage” hosted by Association for Professionals in Infection Control and Epidemiology (APIC)
    - 3 sessions in 2011 including one that was attended by nearly 100 surveyors and CMS staff.
  - CMS Survey and Certification Group “Blackboard Course” for ASC Surveyors in development.
Selected ASC Workgroup Activities

- **Education and Training (continued)**
  - HHS OHQ promotion package
    - Region II workshop highlights (free web-based CME)
      - Hand Hygiene, Sterilization and Disinfection, Safe Injection Practices, and Environmental Infection Control
    - CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care, 2011
      - Distillation of existing, evidence-based guidelines
      - Companion Checklist for assessing staff practices and facility policies and procedures
    - Unsafe Injection Practices: Outbreaks, Incidents, and Root Causes
      - New CDC no-cost, web-based CME course on Medscape
        
Selected ASC Workgroup Activities / Updates

- **Surveillance and Reporting**
  - Establish numbers and types of ASC procedures
  - Identify or develop a set of ASC procedures or procedure categories and associated CPT codes that are suitable for use in surveillance and reporting (e.g., follow up for SSI)
  - Research into novel SSI and other HAI surveillance methods that utilize electronic health record data mining and clinical validation procedures
  - Improve identification, communication, and investigation of outbreaks or serious breaches in infection control, especially those involving risks for bloodborne pathogens (e.g. hepatitis C virus*)
  - State mandates for SSI reporting from ASCs
    - Currently, CO, MA, NV, NH are using NHSN for this purpose

* [http://www.hhs.gov/ash/initiatives/hepatitis/](http://www.hhs.gov/ash/initiatives/hepatitis/)
Looking Forward

- Sustaining/improving ASC inspections
- Tailored education/training (by ASC specialty)
- Value Based Purchasing, HAI outcomes and quality measure reporting requirements*
- Cross-linkage with HHS Action Plan to Prevent and Treat Viral Hepatitis
- Close, growing partnership with partners (AOs, industry, professional groups, consumers, etcetera)

*Report to Congress: Medicare ASC Value-Based Purchasing Implementation Plan
http://www.hhs.gov/ash/initiatives/hai/tier2_ambulatory.html

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.