

*Patient Safety and Ambulatory
Surgical Center Regulations (USA)*

*ASPS/IQUAM Transatlantic
Innovations*

*Paris, France
April 2009*

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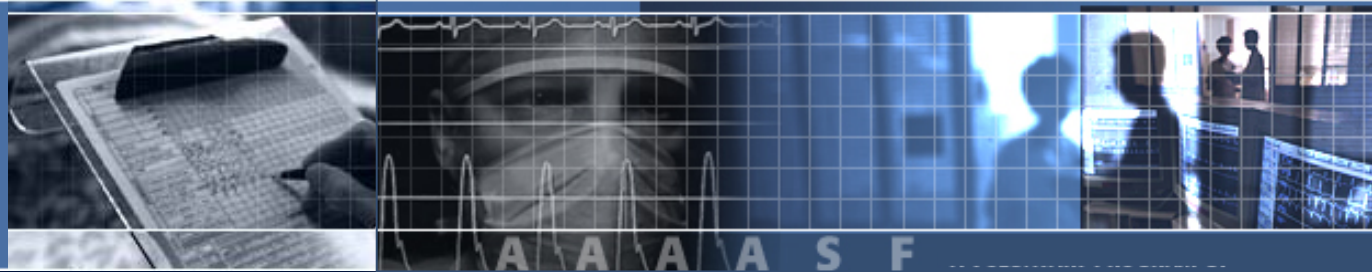
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US Government Recognized National Surgery Center Accrediting Bodies

- 1. American Association for Accreditation of Health Care Facilities (AAAHHC)**
- 2. Joint Commission on Accreditation of Hospital and Out Patient Facilities (JCAHO)**
- 3. American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF)**

***Morbidity and Mortality
in
Outpatient Surgery***

**Geoffrey R. Keyes, MD, FACS
AAAASF**



*Internet-Based
Quality Assurance and Peer Review
Data Entry System*

1999

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Requirements

20 Peer Review (RG 700. 5)

- 720-010** Peer review is performed at least every six months and includes reviews of both Random Cases and Unanticipated Operative Sequelae.
- 720-020** If peer review sources external to the facility are used to evaluate delivery of medical care, the patient consent form is so written as to waive confidentiality of the medical records.
- 720-030** Peer Review is done by a recognized peer review organization or an MD other than the operating surgeon.

Requirements

30 *Random Case Review (RG 700. 2)*

730-010 A minimum of six cases per surgeon utilizing the facility or 2% of all cases in a group practice are reviewed every six months.

Random case reviews must include assessment of:

730-021 Adequacy and legibility of history and physical exam

730-022 Adequacy and appropriateness of surgical consent

730-023 Presence of appropriate laboratory, EKG and radiographic

730-024 Presence of dictated operative report or its equivalent

730-025 Anesthesia record (with IV sedation or general)

730-026 Presence of instructions for post-operative and follow-up

730-027 Documentation of complications

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Requirements

40 *Unanticipated Operative Sequelae (RG 700.3)*

All unanticipated Operative Sequelae are reviewed, including, but not limited to:

- 740-011 Unplanned hospital admission**
- 730-012 Unscheduled return to the operating room for complication of a previous procedure**
- 730-013 Untoward result of procedure such as infection, bleeding, wound dehiscence or inadvertent injury to other body structure**
- 730-014 Cardiac or respiratory problems during stay at facility or within 48 hours of discharge.**
- 730-015 Allergic reaction to medication.**

Requirements

40 *Unanticipated Operative Sequelae (RG 700.3)*

740-016 Incorrect needle or sponge count.

740-017 Patient or family complaint.

740-018 Equipment malfunction leading to injury or potential injury to patient.

Each Unanticipated Operative Sequelae chart review includes the following information, in addition to the operative procedure performed:

740-021 Identification of the problem

740-022 Immediate treatment or disposition of the case.

740-023 Outcome

740-024 Allergic reaction to medication.

740-025 Assessment of efficacy of treatment

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Any death occurring in an accredited facility must be reported to the AAAASF Central Office within five business days.

RESULT

AAAASF has the only valid on line, out-patient surgical outcomes reporting system in the USA

Over 1.2 million patients in the data base

Outcomes can now be compared to hospital in-patient and out-patient experience

*DATA
IS
POWER*

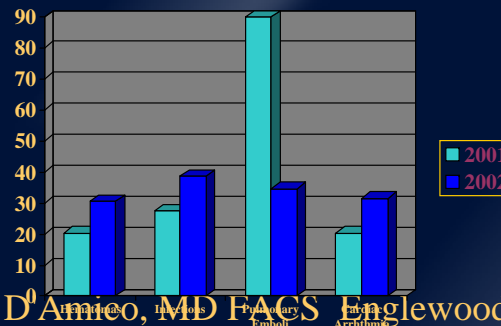
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Plastic and Reconstructive Surgery

May, 2004

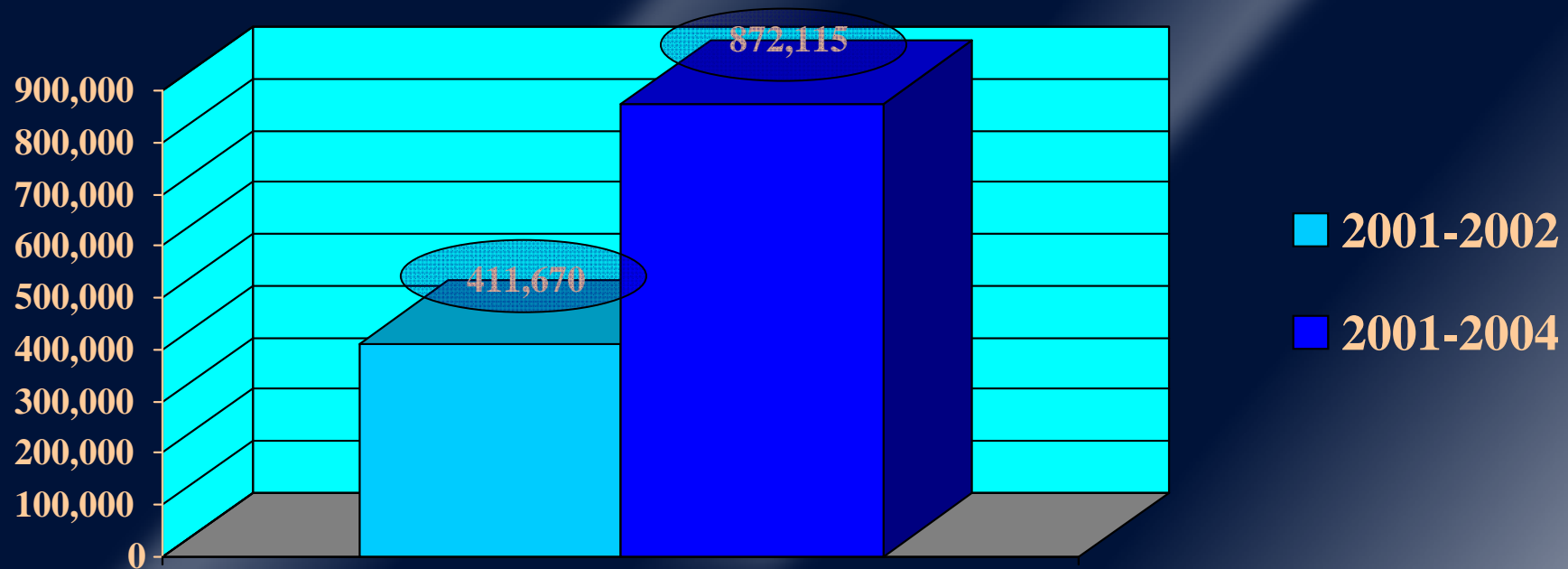
“Analysis of Outpatient Surgery Center Safety Using an Internet-Based Quality Improvement and Peer Review Program”

Geoffrey R. Keyes, M.D., Robert Singer, M.D., Ronald E. Iverson, M.D., Michael McGuire, M.D., James Yates, M.D., Alan Gold, M.D., and Dennis Thompson, M.D.



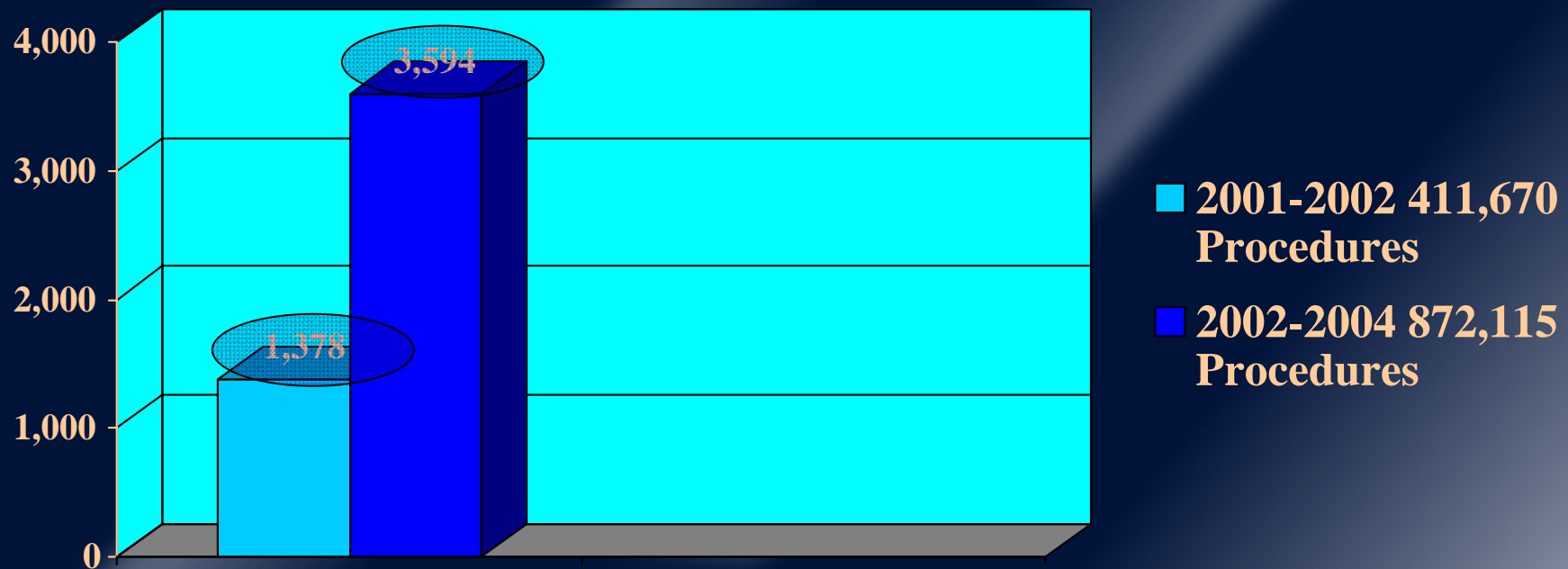
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Procedure Comparison



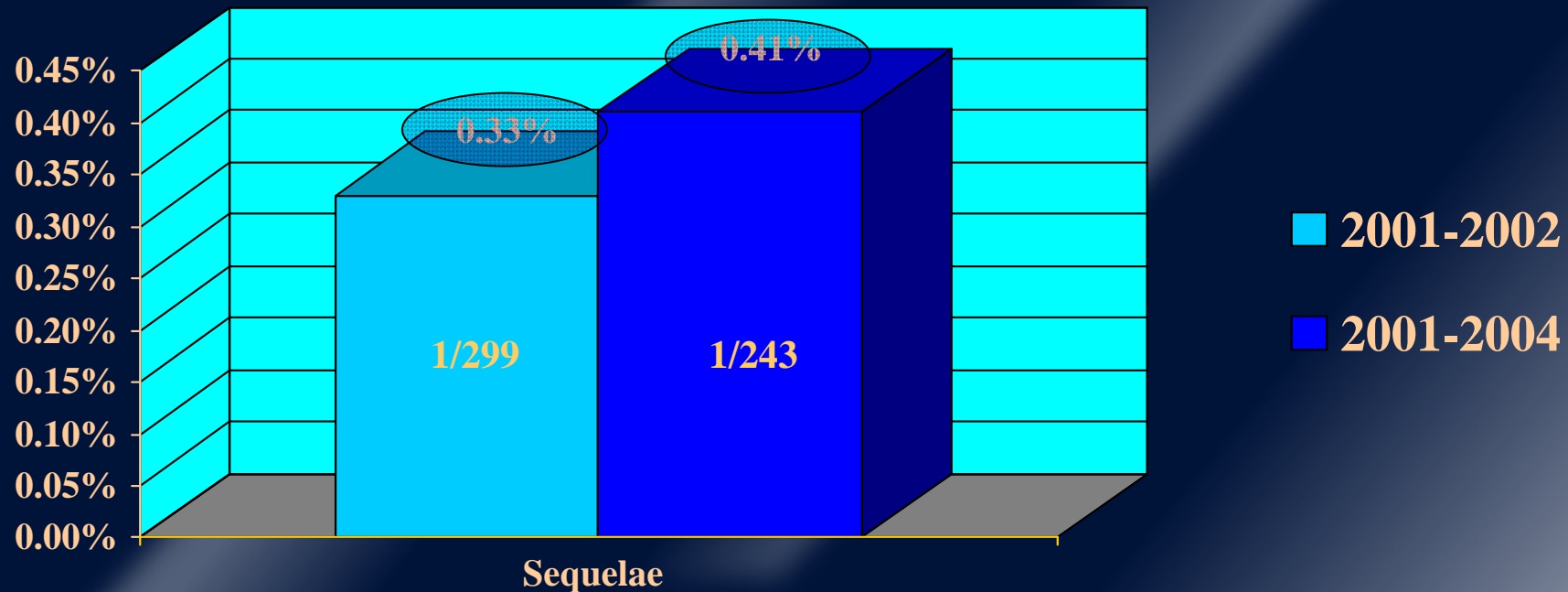
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Significant Unanticipated Sequelae

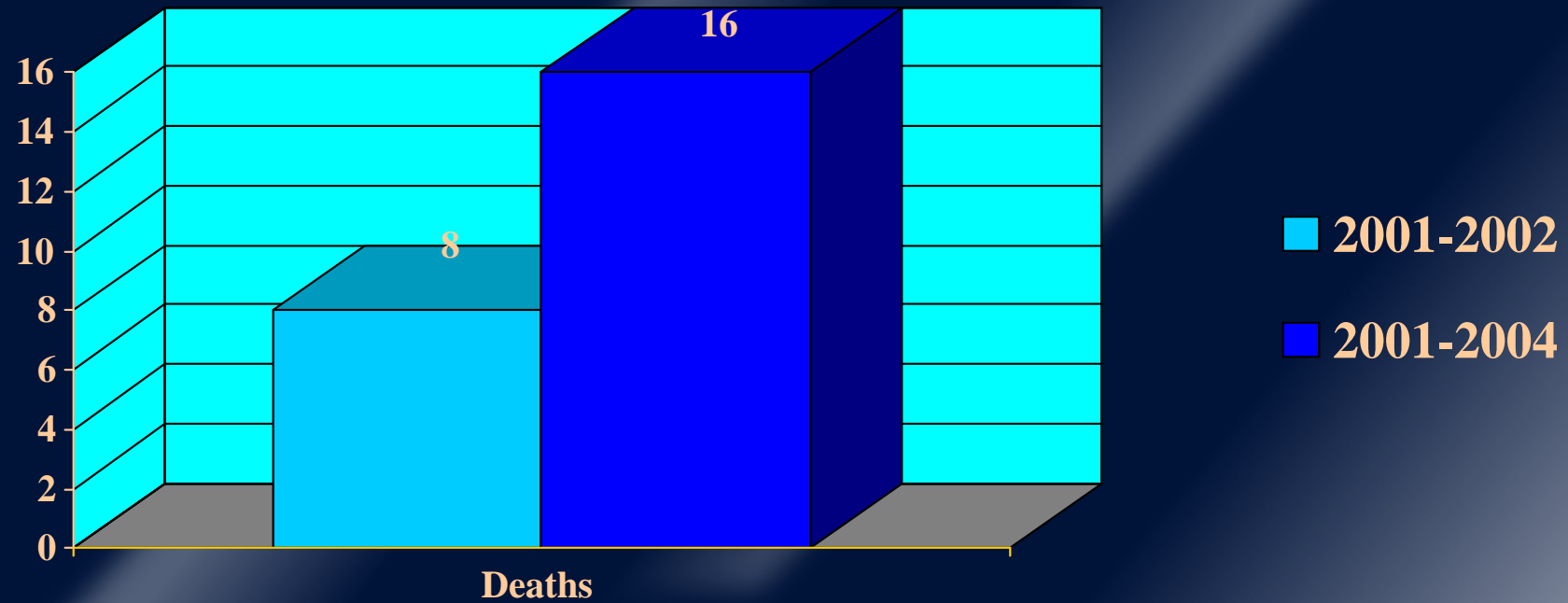


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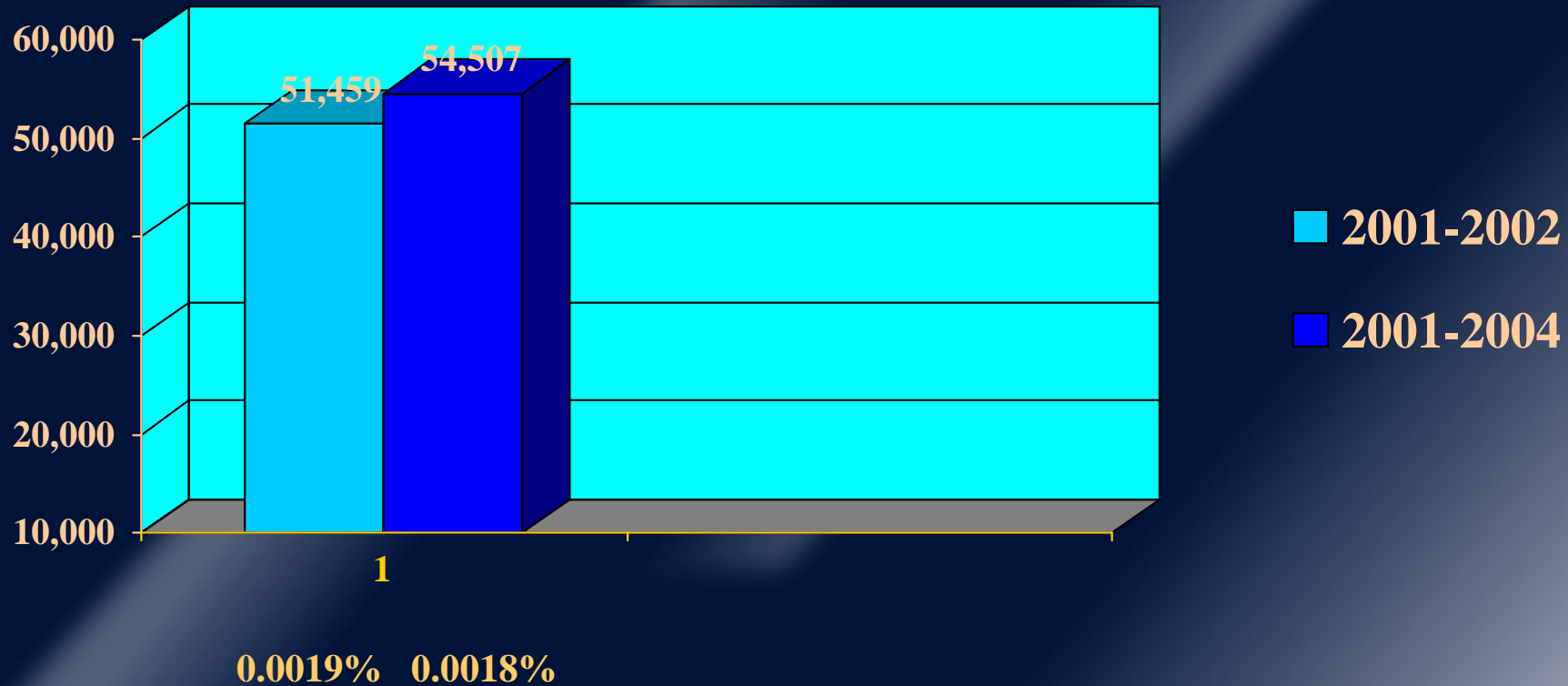
Percentage Analysis Unanticipated Sequelae



Deaths

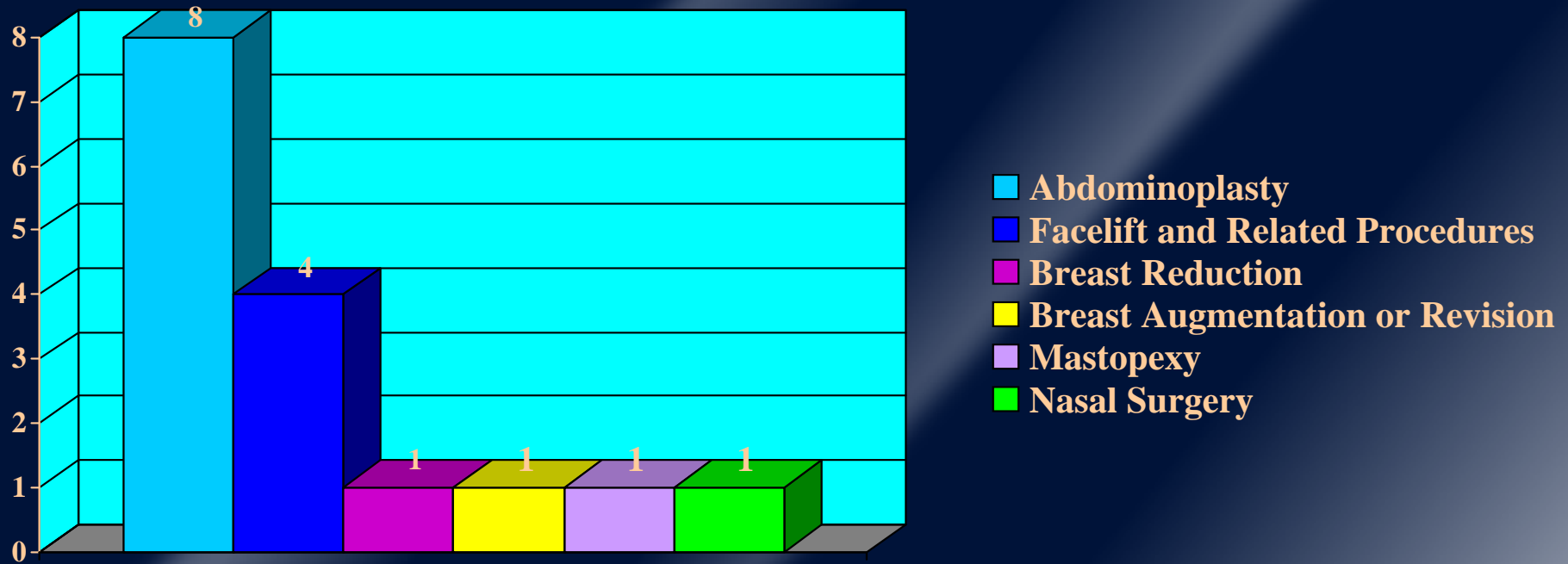


Death Rate Comparison



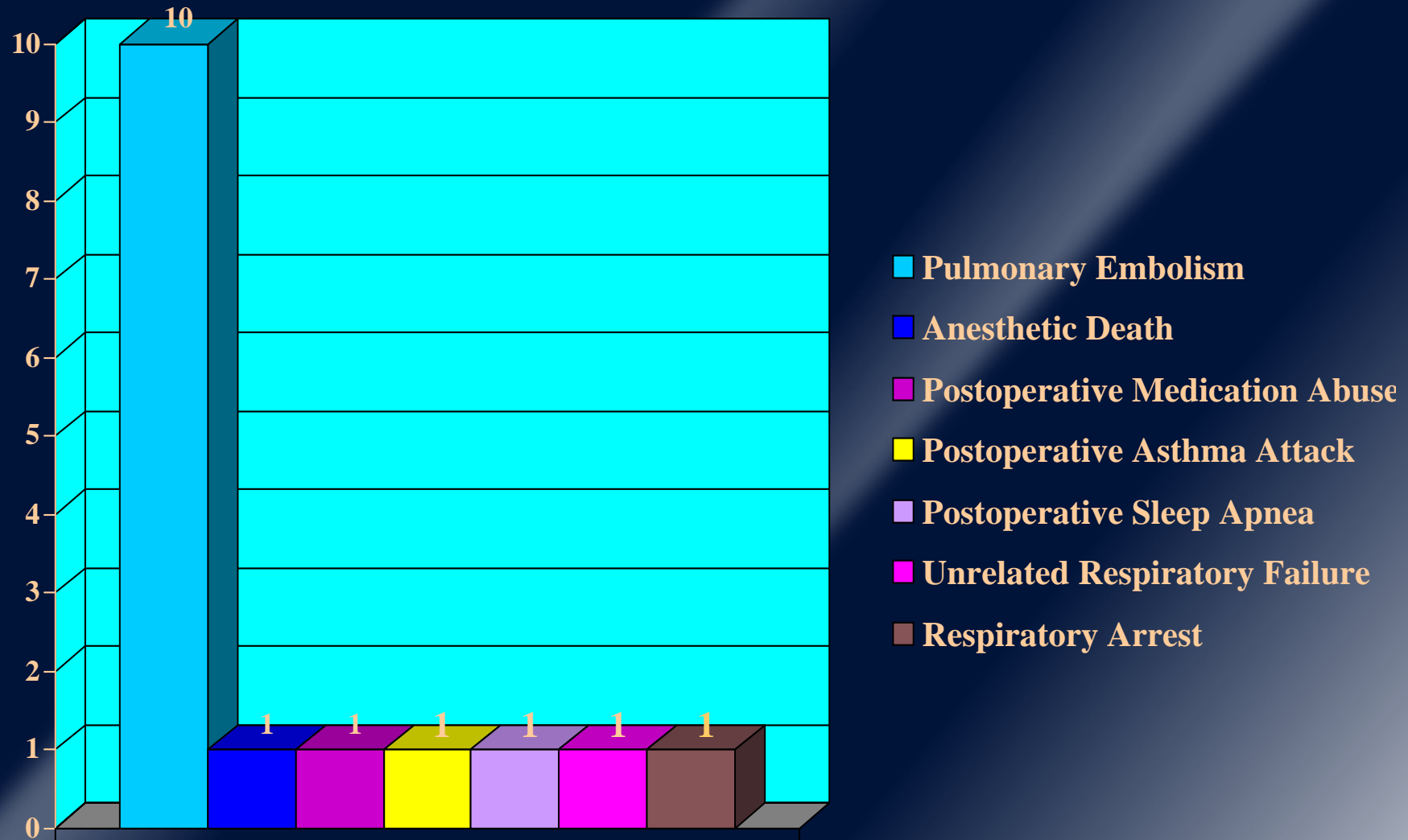
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16 Deaths



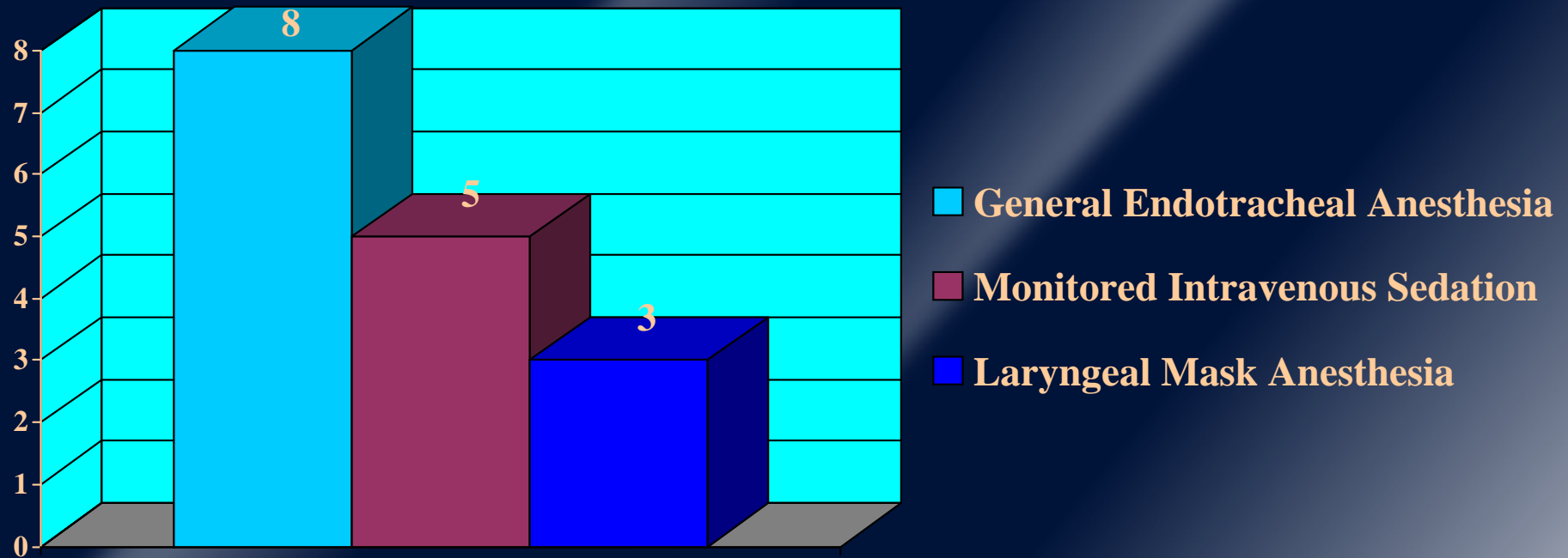
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Cause of Death



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Anesthesia Type



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AAAASF STANDARDS

**Credentials to perform the same procedure in a hospital
That are performed in the**

Board Certification in the specialty

Surgery performed in AAAASF accredited facilities is associated with a low incidence of unanticipated sequelae.

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Conclusion

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In two large studies, representing 900,095 procedures, there was one only one death that occurred on the same day the surgery was performed, indicating safe patient routing through office based facilities.

Pulmonary embolism, associated with abdominoplasty alone and/or in conjunction with other procedures, is the major cause of death in outpatient surgery. The incidence of fatal pulmonary embolism warrants research devoted to elucidating its etiology and the development of guidelines directed at limiting its occurrence.

Thank You

Merci!

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