An Introduction to Ambulatory Surgery Facility Accreditation

"Managing Your OR" focuses on various aspects of aesthetic surgery in the ambulatory surgical setting.

There are four As that, in my opinion, may be considered indicators of quality in aesthetic surgery performed in an ambulatory facility by surgeons trained in the plastic surgery specialty. The first is certification by the American Board of Plastic Surgery; the second is the surgeon’s membership in the American Society of Plastic and Reconstructive Surgeons. The surgeon who performs a significant amount of aesthetic surgery is also likely to be a member of the American Society for Aesthetic Plastic Surgery (ASAPS), signifying his or her commitment to continuing education in the field. The fourth indicator of quality is accreditation of the surgical facility by an accrediting body such as the American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF). Virtually all plastic surgeons recognize the first two As as essential, and those who have special interest in aesthetic surgery most often pursue the third A (ASAPS membership) as well. Many surgeons, however, fail to recognize the importance of the fourth A—accreditation of their office-based surgical facility.

The concept of accreditation arose from a concern for patient safety. Developed to assure verifiable quality care with definable standards, the AAAASF program addresses 10 aspects of the outpatient surgery center including the facility’s physical layout, patient and personnel records, peer review and quality assurance, operating room personnel, equipment, operations and management, and sanitation of the OR suite or office complex. It also provides standardized practice guidelines for the surgeon operating in single-specialty ambulatory surgical facilities.

The organization was originally created in 1980, as the American Association for Accreditation of Ambulatory Plastic Surgery Facilities, to design and operate a single-specialty accreditation program for outpatient plastic surgery centers. In 1992, it expanded to offer accreditation of other single-specialty and multispecialty surgery facilities. Facilities must be owned or operated by surgeons who are certified by American Board of Medical Specialties–approved boards. The requirements for each specialty include board certification within the specialty being practiced, hospital privileges, including transfer privileges, and hospital privileges for the same procedures being performed within the ambulatory surgery unit.

Accreditation consists of a twofold review that includes a site visit and an AAAASF panel assessment of the site visit findings. The entire process is designed to be educational rather than adversarial, and assistance is provided to help with compliance. On the basis of past experience, most current facilities owned or operated by board-certified personnel should be able to meet accreditation requirements with little or no significant modification.

In my position as AAAASF president during the last 4 years, I have heard many excuses why some surgeons do not seek accreditation of their facility. These seem to distill to a short list of misconceptions such as, "There is no economic advantage," "It is too costly," or "There are too many unnecessary rules."

I believe there is an economic advantage to accreditation, because many insurance carriers and HMOs will enter into approval agreements with accredited ambulatory facilities. However, approval policies vary from state to state; therefore most of the responsibility for obtaining insurance coverage must rest with each individual facility. In my own facility, I have had payment arrangements with as many as 12 major carriers at one time. With regard to the cost of AAAASF accreditation, it remains an incredible bargain at an average annual cost of a little more than $800.

With regard to accreditation rules, this year AAAASF
adopted a revised and significantly improved set of standards, and it published a comprehensive resource guide for accreditation. All of this makes it easier than ever to design and build or modify an operating facility that can be accredited.

Accreditation is available, of course, from sources other than AAAASF: Medicare, the Joint Commission on Accreditation of Healthcare Organizations, and the Accreditation Association for Ambulatory Health Care. The AAAASF accreditation process, however, has received overwhelming recognition and support from both surgical and regulatory communities. To date, approximately 500 ambulatory surgery centers have been accredited, and another 50 facilities are in the process, making this the largest outpatient surgery accreditation system in the world. State governments and their managing agencies have recognized our standards and often have used them as a model for local licensing programs.

ASAPS and the American Society of Plastic and Reconstructive Surgeons have taken a patient advocacy role by endorsing the concept of accreditation. The Doctors’ Company of California, a malpractice insurance carrier, requires that its insured plastic surgeons’ office-based surgical facilities must be accredited. Several states (California, Georgia, Maryland, and Nevada) have passed legislation requiring accreditation and recognizing AAAASF accreditation standards. At least five other states are in the process of approving similar legislation. In these days of increasing governmental influence and control, the message seems clear: accreditation’s time has come.

For further information about AAAASF accreditation, call 847/949-6058.

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