

## Preaccreditation jitters: Is your ASC infected?

by Troy Lair

Preaccreditation jitters (PAJ) occur on a regular basis in ambulatory surgery centers (ASC) throughout America. Most administrative personnel anticipate the onset of PAJ months in advance of their survey. PAJ can have a devastating effect on workplace stress, staff morale, employee health, and productivity.

Although the folks in IT departments have no trouble understanding the classic GIGO formula—garbage in, garbage out—the risk management committees, admin-

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istrators, and physicians doing the peer review seem to suffer from an occupational blind spot. If medical transcribers can

easily identify the chronic conditions that provoke PAJ, why can't those of us so close to the core do the same? Why can't PAJ be avoided? Come April 15, will the news media have its cameras out as taxpayers rush to the post office to file their returns before the midnight deadline? Planning a story about people who wait until the last minute to do their taxes is a no-brainer for news editors.

What about the millions of employers who file their tax returns on time because they were doing what they should have done all along? Whether running a surgery center or a restaurant, they pay their employees' taxes on time. W-2 forms are delivered to employees, and 1099 forms appear in contractors' mailboxes on time. Not only do these employers understand the responsibility to store and maintain data so that they are ready to print W-2 and 1099 forms by mid-January, they also know that other people are expecting these forms to arrive on time in order to prepare their taxes and avoid any penalties for late filings.

Suppose we compare maintaining a patient's medical record to handling a company's accounting functions. In

the financial world, data have to be clean. How can you plan a budget without sufficient data to forecast income and expenses? How many people in your accounts payable department are allowed to issue blank checks?

There isn't an ASC in this country that doesn't have at least one doctor whose dictated reports contain enough blanks to look like a piece of Swiss cheese, or a handful of staff members that are notorious procrastinators. When people don't know how much of a mess has been made—or don't care—there's good reason for the person in the hot seat (usually the administrator and/or the medical director of the ASC) to get a bad case of PAJ. Suddenly, there is a heightened awareness of the need for quality control in transcription. As the pressure starts to build, and employees are asked to work longer hours, management's expectations become more and more unreasonable.

While working in the outpatient arena, my friends and I used to compare the long-term health of large dysfunctional nonprofit institutions to that of problem drinkers. Is there a corollary between a surgery center's PAJ and an alcoholic's delirium tremens?

The people at the bottom of the ladder are not fools. Nurses know which doctors make sloppy, illegible entries

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into patients' charts or simply don't chart a postop note at all. But as PAJ sets in, suddenly, at the 11th hour before accreditation, miraculously dictated and then transcribed reports appear. Medical transcribers know which doctors are continually contradicting themselves while dictating. They either dictate so fast that they can't help but make errors, or they are simply too exhausted to pay attention to what they're saying.

Accountants know who's been doing a responsible job of tracking expenses. It is unheard of for someone to address physician or staff members about their sloppy work habits and force them to sober up and learn how to document coherent entries into the medical record. That might require people to risk losing their jobs by accusing a doctor of not doing his or her work properly and being a hazard to those around him or her. Even worse, it might mean that in a medical peer review, doctors might

actually have to accuse other physicians of being incompetent because of poor work habits that continually jeopardize the accuracy of their patients' medical records.

Surgery center administrators decide that, by outsourcing transcription to India, they can get faster turnaround at a lower price per line. With new technological advances, entrepreneurs trumpet claims that they have solved all the problems of creating and maintaining an electronic medical record.

Larry Abernathy, president of Digital Voice, Inc., states that:

*Philips speech recognition technology is being married to our dictation system to give birth to DVI Speech Power. Without changing physicians' dictation behavior, we can run their DVI Voice Power dictations through the speech engine, produce a draft text report, and then provide this text—along with a synchronized voice playback—to a 'medical editor.' We anticipate dramatic improvements in productivity, since correcting a small number of mistakes will be considerably faster for your transcriptionists than transcribing the entire document.*

Abernathy's statement ignores the fact that fast key-stroking is not the issue that causes tremors among medical transcriptionists. The problem is the incoherent statements of the physicians dictating the reports.

When was the last time the medical staff at your ASC was diagnosed with PAJ? Isn't it about time we collaborate to ensure that legibility, quality, and consistency are upheld across-the-board?

Don't let your ASC fall victim to PAJ. Insist that staff members are up on all their "vaccinations" and that any "antibiotics" needed are given well in advance to prevent a facilitywide breakout of PAJ. ■

*Editor's note: Lair has more than 18 years of executive health-care experience, from running an ICU in a Louisville, KY, hospital to working as the chief nursing officer for a Pasadena, CA-based acute care facility. He entered the ambulatory arena while serving as the corporate director of clinical services for the world's largest plastic and cosmetic surgery company. Visit [www.thecompliancedoctor.com](http://www.thecompliancedoctor.com) for more information.*

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**Briefings on Ambulatory Accreditation**