



NY organizations urged to act now or risk getting caught in the stampede to receive accreditation

Published: October 01, 2007

Office-based surgery suites may have nearly two years to comply with the new law in New York state requiring them to be accredited, but organizations should start preparing now or risk getting left behind in the stampede.

No one knows the precise number of office-based surgery suites in the Empire State, although some estimates have placed the figure as high as 2,000. Consequently, if a lot of facilities wait until the last minute, the three accrediting organizations might not be able to get to everyone by that deadline, according to **Troy Lair**, CEO of Los Angeles-based consulting company The Compliance Doctor, LLC.

And surgeons who don't receive accreditation from The Joint Commission (formerly JCAHO), The Accreditation Association for Ambulatory Health Care (AAAHC), or the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) within two years will risk losing their medical licenses if they continue to perform procedures while unaccredited.

Patient deaths prompt laws

"I'm actually shocked that New York has allowed it to go on this long," says Lair, noting that California has had a similar law in effect since 1996.

The New York legislation was signed into law in July and, like in California, was spurred by a number of high-profile patient deaths.

It requires that offices that perform procedures demanding more than minimal anesthesia—such as a topic agent or local, for example—receive accreditation within the next two years.

Unlike in most states, procedures in New York are usually performed in office-based settings instead of ambulatory surgery centers (ASC). That's because New York requires ASCs to get a certificate of need, a complicated and costly process.

Posing as patients, Lair and his staff members at The Compliance Doctor called several New York office-based surgery suites. "We asked the front-office person if they were accredited, and they either hung up on us, yelled at us, or they had no clue what we were talking about," Lair says. "If that's how it is in the staff arena, then what is it like in the consumer arena?"

More education needed

Office staff members and patients need more education about accreditation in the outpatient setting, Lair says.

"This is my theory: If you educate the consumer, the consumer pushes it at the state level," Lair says. "When patients realize that their state doesn't require accreditation, guess what? They'll start writing letters to their congressmen."

A study published in the *Archives of Surgery* in 2003 found that the risk of harm was 10 times greater if a surgery was done in a private doctor's office than if the same surgery was done in an accredited ASC.

Another study done by Lee Fleisher, MD, chair of anesthesiology and critical care at the University of Pennsylvania Health System showed that patients who had surgery in unaccredited outpatient surgical centers and office-based facilities were more likely to have to go to a hospital ER afterward than patients who had procedures done at accredited organizations.

"I think if patients knew the difference between an accredited and a nonaccredited organization, they would have gotten that law changed a long time ago," Lair says.

Twelve states now have regulations for office-based surgery that recognize accreditation, and six recommend accreditation in their guidelines, according to **Theresa Griffin-Rossi, CAE**, director of legislative affairs and education for AAAASF.

South Carolina and Washington state have also enacted legislation similar to the law in New York, says **Carolyn Kurtz, JD**, senior counsel and director of government and public affairs for AAAHC.

Lair sees more states moving toward mandatory accreditation but would like the pace to pick up.

"I don't know why it's not been mandated at the federal level. It is for hospitals," he says. "Unfortunately, nothing gets done until somebody dies. In this country we don't believe in putting up a spotlight before somebody gets killed."

The first step for surgery suites in New York, Lair says, is to learn not only the standards but the intent behind them.

"Understand, fundamentally, what the objectives are," Lair says. "And I can tell you the objective is always going to be patient safety." He also suggests organizations either get in touch with a consultant or, if they can't afford that, one of the three accrediting agencies as soon as possible.

"Don't underestimate the work involved," Lair says. "We were all trained in a hospital environment. Accreditation is so very different in an ambulatory surgery center."

Organizations unite to promote accreditation

Earlier this year, the top accrediting organizations came together at a patient safety summit to work toward the common goal of advocating accreditation to the public, regulators, and payers.

The Joint Commission (formerly JCAHO), the Accreditation Association for Ambulatory Health Care, Inc., and the American Association for Accreditation of Ambulatory Surgery Facilities came up with following objectives:

- Work to overcome physician skepticism about the value of accreditation
- Educate providers, specialty medical societies, and insurers about accreditation
- Build a strong coalition of accrediting organizations and other stakeholders to lobby at the state level
- Get anesthesiology associations, insurance carriers, and malpractice insurers in the coalition
- Develop a national public relations campaign to educate legislators, regulators, and patients about the value of accreditation

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