



Senate Health and Welfare – VPQHC Testimony

S.278 - “An act relating to regulation of ambulatory surgical centers”

and VPQHC Benefits to Vermonters

Wednesday, February 21, 2018

Part 1 - Testimony regarding S.278 – “An act relating to the regulation of ambulatory surgery centers

Following extensive review of the proposed S.278 legislation as “An act relating to the regulation of ambulatory surgery centers,” VPQHC respectfully advises the Senate Health & Welfare Committee to consider a review of the statutes related to the Patient Safety Surveillance and Reporting System (PSSIS) with the purpose of cross-walking appropriate requirements to include in regulatory oversight for ambulatory surgery centers. The current version of S.278 does not reference crosswalks to this significant patient protection and safety-reporting program for ambulatory reporting centers. In all other categories of quality reporting, processes for handling patient complaints, transparency, cost & pricing information, public information processes and finance and budget considerations the proposed legislation aligns the ambulatory surgery centers with current regulatory oversight considered standard for hospitals. VPQHC’s recommendation is to align the ambulatory surgery centers oversight with current PSSIS reporting requirements as well. The PSSIS statute is available for review [here](#).

The National Quality Forum (NQF) provides a list of serious reportable events (SREs) that has several categories relevant to surgery and procedures currently performed at ambulatory surgery centers. A complete listing of SREs is located [here](#) and are included below for reference as well.

VPQHC would be happy to work with the Senate Health & Welfare Committee and other pertinent partners to review and advise on appropriate language to address serious reportable events for the ambulatory surgery setting. Thank you for this opportunity to provide testimony.

List of SREs

https://www.qualityforum.org/print_content_details.asp



List of SREs

1. SURGICAL OR INVASIVE PROCEDURE EVENTS

- 1A. Surgery or other invasive procedure performed on the wrong site (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities
- 1B. Surgery or other invasive procedure performed on the wrong patient (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities
- 1C. Wrong surgical or other invasive procedure performed on a patient (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities
- 1D. Unintended retention of a foreign object in a patient after surgery or other invasive procedure (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities



1E. Intraoperative or immediately postoperative/postprocedure death in an ASA Class 1 patient (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

2. PRODUCT OR DEVICE EVENTS

2A. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2B. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2C. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

3. PATIENT PROTECTION EVENTS

3A. Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3B. Patient death or serious injury associated with patient elopement (disappearance) (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3C. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4. CARE MANAGEMENT EVENTS

4A. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration) (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4B. Patient death or serious injury associated with unsafe administration of blood products (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4C. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers

4D. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy (new) Applicable in: hospitals, outpatient/office-based surgery centers

4E. Patient death or serious injury associated with a fall while being cared for in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

4G. Artificial insemination with the wrong donor sperm or wrong egg (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

4H. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen (new)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4I. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results (new)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5. ENVIRONMENTAL EVENTS

5A. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5C. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5D. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

6. RADIOLOGIC EVENTS

6A. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area (new)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

7. POTENTIAL CRIMINAL EVENTS

7A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider (updated)
Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities



7B. Abduction of a patient/resident of any age (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7C. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting (updated)

Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7D. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting (updated)Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

Part 2 - What Vermonters receive by investing in VPQHC (outline format)

The following is a brief outline of some of the current project work providing direct benefits to Vermonters because of coordinated efforts and dedicated work in these specific content areas. Additionally, Vermonters benefit from ongoing peer review discussions that continually seek improvements and dissemination of best practice across the system. As the VPQHC organization continues to evolve along with Vermont’s health care reform initiatives, we are broadening our strategic partnerships to include community-based organizations and building new relationships and networks to support coordinated delivery systems.

Here are just a few of the major project areas demonstrating improved outcomes and impacts for Vermonters:

Stroke

- 1) Initiating protocols in community-based EMS transportation – “time is tissue”
- 2) Standardized care protocols across the state for:
 - i) CT Scan – within 10 minutes of hospital arrival
 - ii) CT Read – within 45 mins. – to reach treatment decision in consultation with patient and family within 60 minutes of arrival to ER
- 3) Support network for review and consideration of administration of tPa
- 4) Portability of diagnostic test results – reduces exposure to duplicative diagnostic testing

Follow-Up after Hospitalization for Mental Health

- 1) Developed networking group and new connections between hospital, insurer and community providers – see “Improving the Continuity of Mental Health Care: A Call to Action” statewide convening report [here](#)
- 2) Initiating multiple “tests of change” across the continuum to identify and then disseminate best practice
- 3) Laying foundation to continue improved coordination efforts with new projects, connections and supportive networking to achieve improved outcomes

Practice Transformation

- 1) Eliminating delays to access across the system – wait times for appointments are symptoms of inefficiency and waste;



- 2) Transforming practices to value-based reimbursement and incorporating patient-centered delivery processes
 - i) Primary Care – Infinity – OCV
 - ii) Specialty Care – TCPI – optometry, cardiology, obstetrics, gastroenterology
 - iii) Mental Health – ADAP: working with preferred providers of substance abuse treatment services to identify and address opportunities for process improvements; and to design and adopt methods for ongoing continuous quality improvement

NNE Project ECHO Network

- 1) Participating with regional partners Maine and New Hampshire to develop a regional telehealth hub and network supporting access and improvement
- 2) Enabling the Project ECHO model to bring specialty expertise to remote providers to improve outcomes for complex cases