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AAAHC Helps Guide ASCs Exploring COVID-19 Hospital Status

ASCs Can Consider Multiple Options to Help Address Health Care Capacity Needs Nationwide

(Skokie, Ill.) April 20, 2020 – AAAHC has published guidance on administrative options for ambulatory surgery centers (ASCs) considering temporary hospital status to meet the health care industry’s aim of increasing patient capacity. In response to the rapidly evolving COVID-19 pandemic, the Centers for Medicare and Medicaid (CMS) is allowing all Medicare-enrolled ASCs to enroll as hospitals to provide inpatient and outpatient hospital services.

“During this global pandemic, ASCs can play a large role in helping hospitals optimize patient flow,” said Tess Poland, RN, BSN, MSN, senior vice president of accreditation services at AAAHC. “AAAHC-accredited organizations are trained with our *1095 Strong, quality every day* philosophy, which helps bring meaningful value to help them adapt in this challenging COVID-19 environment.”

ASCs can currently take advantage of temporarily waived or relaxed regulations that allow them to temporarily close, enroll as a hospital or contract with a hospital to provide services.

Temporarily Close

Facilities that choose to temporarily close can lease or sell equipment and supplies to hospitals in need. If an ASC temporarily closes because it only provides elective or non-emergency treatments, CMS would not view this as a cessation of business, meaning it would not be deemed as a voluntary termination. ASCs temporarily closing due to the COVID-19 situation should consider posting to their website or social media pages noting that the facility is closed until further notice. Options also exist for ASCs seeking temporary closure with limited activities.

Contract with a Hospital

To contract with a hospital, AAAHC recommends that ASCs review their lease agreement and malpractice coverage. Once a facility has decided to permit a hospital to use its space, it should consider a short-term agreement with the hospital that describes the terms of the hospital’s use of the space, including when the hospital must vacate and how any potential liability at the facility will be allocated.

Convert to a Hospital

A Medicare-enrolled ASC may register as a hospital if such practice is consistent with the state’s emergency preparedness or pandemic plan. In the case that an ASC does enroll, its ASC billing privileges would be deactivated while enrolled and reimbursed as a hospital. ASCs must meet the hospital conditions for participation (CoP) for nursing, pharmaceuticals, infection control and respiratory services as well as other CoPs not waived under Section 1135 of the CMS standards.

“When converting to hospitals, it is imperative that ASCs determine the scope of services and agree on an accepted level of acuity before converting,” said Niraja Rajan, MD, Associate Professor at Penn State Health, Anesthesiology and Perioperative Medicine. “Additionally, ASCs should complete a gap assessment, consider space planning and identify key personnel and roles. AAAHC Standards help address how best to assess and document these tasks.”

When deciding the scope of service, AAAHC recommends identifying the needs of state and local hospitals, then examining the internal capacity necessary to meet their needs. It is important to determine if there are additional supplies or staffing requirements as well. ASCs should then put agreements or contracts in place which include the scope of service and the level of acuity, and then create clinical policies to fulfill these responsibilities.

Key roles will include the charge nurse, infection control professional and the primary liaisons for notifications. The charge nurse will be responsible for coordinating 24/7 staffing, scheduling, supply management and more, while the infection control professional will develop hospital wide programs and plans around infection, including cross-infection prevention, and train and monitor the staff to adhere to these policies. The primary liaisons will communicate with state and local officials to ensure consistency and accuracy of messaging.

To understand options and support efforts to increase hospital capacity, please access a recorded webinar and other COVID-19 resources at www.aaahc.org/covid-19.

About AAAHC

Founded in 1979, AAAHC is the leader in ambulatory health care accreditation, with more than 6,100 organizations accredited. We accredit a wide range of outpatient settings, including ambulatory surgery centers, office-based surgery facilities, endoscopy centers, student health centers, medical and dental group practices, community health centers, employer-based health clinics, retail clinics, and Indian/Tribal health centers, among others.

AAAHC advocates for the provision of high-quality health care through the development and adoption of nationally recognized standards. We provide a valuable survey experience founded on a peer-based, educational approach to on-site review. The AAAHC Certificate of Accreditation demonstrates an organization’s commitment to providing safe, high-quality services to its patients—every day of the 1,095-day accreditation cycle. It is recognized by third-party payers, medical professional associations, liability insurance companies, state and federal agencies, and the public. For more information on AAAHC, please visit www.aaahc.org.

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