Legislation, Regulatory, Accreditation and Credentialing in the ASC

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OVERVIEW

The ambulatory surgery center (ASC) represents a rapidly expanding segment of healthcare in the United States. As additional procedures migrate to ASCs, continued growth is forecasted especially for cardiac and orthopedic procedures. ASC administrators must be well-versed in the legislative and regulatory requirements along with accreditation criteria and medical staff credentialing to ensure delivery of quality surgical care in the ambulatory setting.

LEARNER OBJECTIVES:

1. Identify federal and state requirements for ambulatory surgery centers (ASCs).
2. Discuss regulatory requirements specific to the ASC.
3. Describe accreditation and medical staff credentialling processes in the ASC.

INTRODUCTION

There has been a renewed focus on outpatient facilities in the healthcare industry over recent years. Even throughout the tumultuous last two years of the COVID-19 pandemic, ambulatory surgery centers (ASCs) have continued to see growth given their good procedure outcomes and significantly lower costs. Business continues to boom through new outpatient cardiac and orthopedic procedures and, as technologies advance, hospital systems and physician-owners continue to seek ways to move more procedures to outpatient facilities. The more healthcare leaders know about legislation, regulations, accreditation, and credentialing, the better prepared ASCs will be for the growth that is to come.

CURRENT OVERVIEW OF ASCs IN THE UNITED STATES

Ambulatory surgery centers are currently impacted by many areas of growth. These facilities performed more than half of all US outpatient procedures in 2017, compared to less than one-third in 2005. From a procedure perspective, twenty-seven million were predicted to occur in ASCs in 2021, up 20 million from 2015. From a patient volume perspective, the forecast for care provided by ASCs is expected to rise from 32.0 million in 2019 to 40.1 million by 2029.[1]

Forecasted Growth

The global markets indicate that the size of the ambulatory surgery center market exceeded 75 billion dollars in 2020 and is expected to grow at over 6.1% compounded annual growth rate from 2021 to 2027.[2] Increasing healthcare costs, newer technologies allowing rapid recovery, and minimally invasive procedures have allowed hospitals to expand into hospital-owned ASCs, a market sector that was valued at 3.5 billion in 2020.[2] And with a safer environment and lower rates of infection when compared to multi-specialty centers, the single specialty segment of the market crossed the 45 billion mark in 2020 due to the growing number of single specialty ASCs.[2]

Minimally invasive procedures and effective care and management of a growing geriatric population who deal with various chronic conditions will both positively impact ASC market growth and expansion.[2] Performing surgical procedures for this aging population at ASCs allows for much lower costs than hospital settings, an appealing benefit to both insurance companies and healthcare managers.[3] Continued recruiting of better healthcare professionals at ASCs will also spur growth.[2]

Expansion of Procedures

Cardiology procedures including angioplasties, loop recorder placement, catheterizations, and pacemaker insertions are also expanding into the outpatient arena. The ASC share of the cardiology market in 2015 was 4%, however, predictions indicate that will rise to 33% by the mid-2020s.[4]

Complex spine procedures are moving in a direction that focuses on minimally invasive procedures. Some ASCs were already performing spinal fusions and disc decompressions, but procedures like single- and two-level 360-degree fusions are new to many ASCs.[4] Ambulatory surgery environments will also see growth as volume is expected to increase for total joint procedures including total shoulder, ankle, and elbow arthroplasty.[4]

With hospitals seeking growth by focusing on ASCs, many new procedures have migrated to the outpatient setting. Higher acuity procedures have also shifted from inpatient settings to outpatient settings. In 2020, CMS added 11 procedures to their ASC Covered Procedures List (ASC CPL), including total hip arthroplasty.

As ASCs continue to recruit more physicians, create more ORs, expand service lines, and embrace new technologies, they will continue to expand and grow in many directions.[4]

Criteria for ASC Designation

Outpatient facilities are often classified based on the level of anesthesia-care offered. Class types are broken down as follows:

- Class 1: local, regional, and topical anesthesia
- Class 2: parenteral sedation (not including propofol)
- Class 3: parenteral including propofol
- Class 4: general anesthesia.[5]

Space Requirements

Ambulatory surgery centers are regulated as a subcategory of healthcare facilities by the Centers for Medicare and Medicaid Services (CMS). Ambulatory surgery centers are required to certify the facility/physical environment for participation in the CMS program. Certification requirements include:

- ASCs must physically and operationally be separate from another entity and used exclusively for outpatient surgical services;
- at least one procedure room or OR be provided;
- waiting and recovery areas are provided;
- emergency equipment must be provided and maintained, including a nurse call system;
- ASCs conform to applicable fire safety standards published by the National Fire Protection Association (NFPA), in particular the *Life Safety Code* and *Standard for Health Care Facilities*,
- ASCs comply with additional state jurisdiction conditions.[6]

All verification of regulatory conformance and interpretation of CMS standards is conducted by the applicable state health department through onsite surveys.[6] State departments of health determine minimum facility requirements. Some states that require ASCs to be licensed have comprehensive and specific construction and physical design standards. Other states may not have any requirements beyond the CMS fundamental conditions for coverage. Either way, ASCs must achieve regulatory conformance as a baseline, with the most effective ASCs going above and beyond regulatory minimums.[6]

Regulation and Legislation

Ambulatory surgery centers must operate in a complex regulatory climate. Regulations at the federal, state, and local levels may seem daunting and contradictory at times. However, ASCs that design and plan around "the greatest requirement," meaning those determined to be the most restrictive applicable regulations and standards, allow themselves less regulatory concern and the most flexibility for the long-term use of their facility.[6]

Federal Regulations

Code of Federal Regulations

The Code of Federal Regulations (CFR) is a compilation of 50 titles of broad subject areas that are subject to federal regulation. Title 42 of the CFR and eCFR (Electronic Code of Federal Relations) relate specifically to ambulatory surgery centers. According to the eCFR, ASCs must meet specific conditions for coverage. Failure to do so must be promptly reported to CMS. Conditions for coverage include

- compliance with state licensure laws;
- having a governing body that assumes full responsibility for policies governing total operations;
- surgical procedures performed in a safe manner by physicians who are qualified and approved by the governing body;
- development, implementation, and maintenance of an ongoing, data-driven quality assessment and performance improvement (QAPI) program;
- a properly constructed, equipped, and maintained sanitary and safe environment to protect the safety and health of patients;
- that medical staff be accountable to the governing body;
- nursing services that are directed and staffed in a manner that assures that patients' needs are met;
- maintaining complete, accurate, and comprehensive medical records to ensure adequate patient care;
- drugs and biologicals are provided in a safe and effective manner according to professional practice under the direction of a designated pharmaceutical services individual;
- lab and radiological services that meet federal requirements;
- posting and informing patients or their representatives of the patients' rights and protecting and promoting the exercising of these rights;
- ensuring patients have appropriate pre-surgical and post-surgical assessments and all discharge requirements are complete;
- compliance with all applicable Federal, State, and local emergency preparedness requirements;
- an infection control program that works to minimize communicable diseases and infections.[7]

HIPAA

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996 to address multiple healthcare issues. The Administrative Simplification provisions of the original act require the Department of Health and Human Services to establish national standards for electronic healthcare transactions and national identifiers for providers, health plans, and employers and address the security and privacy of health data. The administrative simplification provisions of HIPPA include four key area requirements:

- Privacy
- Security
- Breach Notification
- Enforcement

All healthcare organizations must be HIPPA compliant.[8]

State Legislation

Ambulatory surgery centers are heavily regulated in most states. Specific licensure and other regulatory prerequisites must be satisfied. Licensure is something granted by and often required by most states that allows a facility to operate and provide services.[6]

State departments of health, and often state fire marshal's offices, are responsible for regulating ASCs at the state levels. State agencies can administer ASC Medicare certification according to their own interpretation and including their own requirements. Some states require ASCs to be state licensed before qualifying for Medicare certification, while others allow Medicare certification with no additional state qualification or recognition needed.[6]

Space Requirements/Certificate of Need (CON)

Some states may require permission from a state authority before construction of a new OR or procedure room can begin, this is known as a certificate of need (CON). ASC spatial and organization makeup requirements usually come from state department of health standards. Some have their own unique standards while others have adopted part of the Facility Guideline Institute's (FGI) *Guideline for Design and Construction of Healthcare Facilities*. The FGI recommends a minimum size of 400 square feet for inpatient operating rooms, however, not all states require ASCs to conform to all FGI guidelines. Whether an individual state requires full FGI compliance or uses their own set of standards, ASCs are required to support any procedure type regardless of approval sought or procedures performed.[6]

State jurisdiction also assess fire code conformance. Medicare-certified ASCs and most of all state licensed facilities follow codes published by the NFPA. Ambulatory surgery centers fall under their category of healthcare facilities operating less than 24 hours a day. Fire protection codes include:

- structural members,
- exiting requirements and protection,
- fire and smoke separations,
- emergency evacuation planning and drills, and
- flame and smoke ratings for finished materials.[6]

Local Requirements

Jurisdiction for ASCs at the local level is usually limited to building and zoning departments. Local jurisdictions rarely play a role in ASC regulation except to issue permission for construction and determine acceptable completion of construction.[6]

The Centers for Medicare and Medicaid Services

Administration of the Medicare program is part of the CMS responsibilities. Medicare makes two different types of payments to ASCs: professional fees and facility fees. Licensed professional fees are paid to providers based on the procedures performed and facility fees are paid to ASCs that have achieved Medicare certification.[6]

In 2021, CMS updated its long-standing safety criteria used to add covered surgical procedures at the ASC level. They updated the ASC Covered Procedures List (ASC CPL) and adopted a notification process for surgical procedures the public believes can be added to the ASC CPL, with 267 surgical procedures added beginning in 2021. However, for 2022, CMS is reinstating its 2020 criteria for adding procedures to the ASC CPL. They are keeping six procedures (three already on the ASC CPL, three that were proposed for removal) and removing 255 of the 258 procedures proposed for removal. In addition to updating the payment rates, these updates also include policies that align with several key CMS goals including addressing the health equity gap, fighting COVID-19, healthcare transparency, and promoting safe, effective, patient-centered care. As the need for outpatient procedures grows, these changes will cause debate and concern going into 2022, but COVID-19 shifted a lot of focus to ASCs and what they can and cannot do.[3]

Conditions for Coverage (CfC)

To determine compliance with CMS Conditions for Coverage, conditions healthcare organizations must meet to participate in and receive payment from Medicare and Medicaid programs, the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) has compiled a list of items that must be assessed during on-site surveys. Surveyors are required to be the primary source for assessment of these items, with additional confirming evidence of observations coming from staff member interviews. Observations and interviews should be performed by the most appropriate staff member (eg, sterilization questions should be answered by the staff member responsible for sterilization). Items to be assessed include:

- ASC characteristics (ie, demographic information)
- infection control and related practices (ie, hand hygiene, injection practices, sterilization/disinfection practices, environmental infection control).[9]

Surveys

The Accreditation Association for Ambulatory Health Care (AAAHC) considers organizations for survey on an individual basis. An organization is eligible for an accreditation survey if they meet all the following criteria:

- they have been providing healthcare services for at least six months prior to the survey.
- they are either a legally constituted entity or a formally organized entity that primarily provides healthcare services or a sub-unit that provides such services within a formally organized and not legally constituted entity.
- they follow applicable local, state, and federal laws.
- they are licensed by the state where they are located.
- they provide healthcare under the direction of one of the following healthcare professionals:
    - Doctor of medicine or osteopathy
    - Doctor of dental surgery or dental medicine
    - Doctor of podiatric medicine
    - Doctor of optometry
    - Doctor of chiropractic
    - Advanced practiced registered nurse practicing in compliance with state regulation and law
    - Licensed clinical behavioral health professional in a behavioral health setting.
- they share business management, equipment, facilities, and patient records among members of the organization.
- they are compliant with U.S. Equal Employment Opportunity Commission laws.
- they complete and submit a signed Application for Survey, all supporting documents, and non-refundable application fee prior to the survey.
- they pay the appropriate AAAHC policy fees.
- they provide complete and accurate information to AAAHC during the accreditation process and throughout a term of accreditation in good faith.[10]

Initial Survey

The goal of ASC surveys is to determine if facilities are compliant with the definition of an ASC, general conditions and requirements, and the conditions for coverage. Certification of compliance is accomplished through observations, interviews, and document/record reviews. Surveys focus on an ASC's ability to deliver patient care, including organizational functions and processes for the provision of care. Surveys are the means to assess an ASCs compliance with all federal health, safety and quality standards to ensure patients receive safe, quality care and services.[11] Initial accreditation surveys are for facilities that have been providing services for at least six months before the onsite survey and are not currently accredited by AAAHC.[10]

Recertification Survey
Recertification surveys are required at periodic intervals to reconfirm currently AAAHC-accredited organizations ongoing compliance if they wish to continue their AAAHC accreditation.[10]

Quality Reporting
Under the new CMS quality reporting program for ASCs, ASCs that fail to report required information face a 2% reduction in Medicare payments. As of October 1, 2021, ASCs are required to report data on the following quality measures:

- patient burns and falls
- wrong site/side/patient/procedure/implant
- hospital admission/transfer
- prophylactic intravenous antibiotic timing.[12]

Patient safety data reporting falls under the peer review umbrella but is its own distinct process. The AAAASF ASC standards require online patient safety data reporting be performed in accordance with established due dates every three months, including random case and adverse event submission. Random case samplings must include the first case performed by each facility surgeon/proceduralist each month during the three-month reporting period.[9]

Any adverse events that occur within thirty days of a procedure must be submitted as soon as the facility learns of the occurrence through the Patient Safety Data Reporting portal. Reportable adverse events include, but are not limited to any:

- emergency room visits;
- unplanned hospital admissions;
- unscheduled operating room times for a complication from a previous surgery;
- complications such as bleeding, infection, wound dehiscence, or inadvertent body structure injury;
- allergic reactions;
- respiratory or cardiac problems during the patient's facility stay or within 48 hours of discharge;
- incorrect sponge or needle count;
- family or patient complaint;
- malfunction of equipment leading to injury or potential patient injury;
- death withing 30 days of a procedure.[9]

Adverse event submissions must include:

- problem identification,
- immediate case treatment or disposition,
- outcome,
- reason for the problem, and
- treatment efficacy assessment.[9]

Emergency Preparedness

Risk Assessment and Planning

Standards from AAAASF require that ASCs develop and maintain an emergency preparedness plan that must be reviewed and updated at least every two years. The plan must include:

- documented, facility- and community-based risk assessment using an all-hazards approach;
- strategies for addressing emergency events identified by the risk assessment;
- information regarding the patient population and the types of services the provider can supply in an emergency and continuity of operations; and
- a process for collaboration and cooperation with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.[9]

Policies and Procedures

Emergency preparedness policies and procedures must be supplied by each ASC. These should be based on the emergency plan, risk assessment, and communication plans and must be reviewed at least every two years. Policies and procedures must address, at minimum:

- a tracking system to locate on-duty staff and sheltered patients during an emergency;
- a plan for safe evacuation from the facility that includes
    - evacuee care and treatment consideration plans;
    - staff responsibilities;
    - transportation;
    - identification of evacuation locations (eg, appropriate placement of exit signs);
    - primary and alternate means of communication with external sources of assistance;
    - a means to shelter in place for patients, staff, and volunteers who remain at the facility;
    - a system of medical documentation that preserves patient information, confidentiality, and availability of records;
    - information to address the use of volunteers during an emergency and other staffing strategies; and
    - information to address the role of the provider for the provision of care at an alternate care site.[9]

Communication Plan

Providers must develop and maintain a communication plan for emergency preparedness that complies with local, state, and federal laws and is reviewed and updated at least every two years. Communication plans must include:

- names and contact information for staff, providers, physicians, volunteers, and others within the same Medicare type;
- contact information for local, regional, tribal, state, and federal preparedness staff and other sources of assistance;
- primary and alternate means for staff and local, regional, tribal, state, and federal emergency management agency communication;
- methods for sharing patient medical documentation and information with other providers to maintain a continuity of care;
- a means of releasing patient information as permitted under 45 CFR 164.510(b)(1)(ii) in the event of an evacuation and for providing information about the location and general condition of patients under the facility's care as permitted under 45 CFR 164.510(b)(4);
- a means for providing provider/supplier needs and its ability to assist the authority or Incidence Command Center with jurisdiction.[9]

Training and Testing
Providers must develop and maintain emergency preparedness testing and training programs based on the emergency plan, risk assessment, policies and procedures, and the communication plan that is reviewed an updated at least every two years. Training programs must include:

- initial emergency preparedness procedure and policy training for all new and existing staff members and volunteers, with training to follow at least every two years;
- documentation of all training;
- demonstrations of staff member knowledge of emergency procedures;
- updated training for any significant changes in emergency preparedness policies or procedures;
- annual exercises to test the emergency plan;
- full-scale community-based exercises every two years, or a facility-based functional exercise every two years if a community-based exercise is not accessible;
    - If the facility experiences an actual man-made or natural emergency that requires emergency plan activation, they are exempt from their next required community-based or facility-based exercise.
- an additional exercise at least every two years opposite the full-scale or functional exercise that includes:
    - a second full-scale community-based exercise or individual facility-based functional exercise, or
    - a mock disaster drill, or
    - a facilitator-led workshop or tabletop exercise that includes group discussion using a clinically-relevant, narrated emergency scenario and set of problem statements, prepared questions, or directed messages to challenge the emergency plan.

Once completed, the facility must maintain documentation, analyze responses, and revise the emergency plan as needed.[9]

The Occupational Safety and Health Administration (OSHA)
OSHA is responsible for enforcing and establishing standards for workplace safety. Many OSHA standards and safety elements relate to ASCs, including:

- occupational injuries and illnesses,
- written safety material requirements,
- posting and inspection requirements,
- training documentation,
- walk-through inspections,
- employee work practices,
- physical structure, and
- administrative practices.

To enforce these standards, OSHA conducts audits by a compliance officer who comes to the facility and checks to see if they are in compliance with all standards applicable to their type of business.[13]

Facility Guidelines Institute/ASHE

<u>Guidelines for Design and Construction of Outpatient Facilities</u>
The operating room (OR) suite in an outpatient facility should contain an operating room, clean area, dirty area, scrub area, and recovery room. The OR should be separate from the general office and a distinct area in the suite, dedicated for surgical use. The OR should have adequate temperature control and ventilation. Square footage in the OR must be adequate to hold equipment, sterile supplies, medications, and personnel necessary to perform the surgical procedure. Storage space should allow for easy supply inventory and identification. Countertops and other

OR surfaces should be smooth, without any cracks or breaks, easily washable, and free of particulate material that could cause contamination with any seams in surfaces sealed with a non-silicone, impermeable sealant.[5]

Facilities should have heat sensors and/or smoke detectors and an adequate number of fire extinguishers that have been appropriately placed and inspected annually. Fire-exit signs should be posted and appropriate emergency lighting available. Operating suites should contain enough labeled and grounded electrical outlets, and a source of emergency power (ie, generator, battery-powered inverter) that generates power within 30 seconds of power failure must be available to potentially operate anesthesia, lighting, and surgical equipment for the duration of procedures performed.[5]

The OR suite recovery area should be spacious enough to accommodate necessary equipment, monitoring devices, and personnel. The area should be stocked with medications and equipment for both routine recoveries and emergencies. It should also be free from fire hazards and easy to clean.[5]

Accreditation

Purpose

An independent accreditation organization ensures the implementation, provision, and maintenance of standards. The purpose of these organizations is to provide accreditation to facilities who are compliant with their standards. Inspections are used to test for compliance.[5]

Accrediting organizations should be nationally recognized with an excellent reputation in surgical and medical standards while offering dedicated resources to support high-level management and service of standard programs. These organizations should be able to offer well-trained accreditation staff members who process applications and provide inspections for new and renewed facilities.[5]

Accreditation organizations provide recordkeeping, auditing, and standards of medical care. They strive to provide continuous medical care improvements in ambulatory surgery centers and provide an external organization where the public can get information about ASCs. Facilities are required to receive periodic audits every one to three years, depending on the accrediting agency, where the ASC's written policies, medical records, and industry standard compliance are examined. Each state has different requirements for accreditation.[14]

Accreditation Agencies for ASCs

Accreditation Association for Ambulatory Health Care (AAAHC)

The AAAHC evaluation process is based on a facility's own unique set of criteria. The content of the AAAHC standards is proprietary but can be found in the *2013 Accreditation Handbook Including Medicare Requirements for Ambulatory Surgery Centers*. AAAHC standards include patient rights, governance, administration, quality of care, quality management and improvement, records, facility environment, anesthesia, surgical, pharmaceutical, diagnostic, and imaging services.[12]

American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)

The most recent surgical program standards can be found in The AAAASF *Regular Standards and Checklist for Accreditation of Ambulatory Surgery Facilities Manual*. These standards emphasize the need for an effective OR policy, facility maintenance and safety, safe fluid and medication administration, record keeping, anesthesia services and post-anesthesia care, and quality assessment and improvement programs.[12] The AAAASF requires 100% compliance, no exceptions, with the Medicare Ambulatory Surgical Center Accreditation Standards for an organization to remain accredited.[9]

The Joint Commission

The Joint Commission accredits and certifies more than 19,000 healthcare organizations and programs. The Joint Commission survey process uses tracer methodology with an emphasis on greater standardization in quality management and periodic self-assessment. Standards and other requirements are outlined in the *Comprehensive Accreditation Manual for Ambulatory Care* and *Comprehensive Accreditation Manual for Office-based Surgery*. Both manuals contain patient-focused standards organized around healthcare functions and processes.[12]

Medical Staff Credentialing

Purpose

The purpose of credentialing is to obtain and validate practitioners' qualifications for participating in patient care. Healthcare organizations acquire, verify, and assess qualifications such as diplomas, licenses, references, academic materials, and published work, as well as information regarding internships, residencies, fellowships, continuing education courses, number and type of procedures performed, and any previous criminal, malpractice, or disciplinary actions. Credentialing is a formal process with an established set of guidelines used to ensure the highest level of care for patients from healthcare professionals who have undergone stringent scrutiny regarding their ability to practice medicine. Healthcare organizations should follow the National Committee for Quality Assurance for credentialing standards.[15]

Regulatory Requirement

According to the Joint Commission, ASCs should grant initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently. To do so, they must ascertain that licensed independent practitioners have the credentials to perform their privileges, which requires collecting, verifying, and assessing information related to their credentials including current licensure, relevant training, current competence, and the ability to perform the clinical privileges they have requested. The organizations should document required current licensure of a licensed independent practitioner using primary sources which include specialty certifying boards and letters from professional schools, postgraduate education or postdoctoral programs for completion of training. Reliable secondary sources such as another organization that has documented primary source verification would be acceptable if primary sources are not available.[16]

Organizations should also evaluate current challenges to a practitioners licensure or registration, voluntary or involuntary relinquishment of licensure and registration, termination of medical staff membership at another organization, limitation, reduction or loss of clinical privilege, and any professional liability actions that resulted in final judgement against the applicant. The applicant can self-report this information or it can be obtained by the Federation of State Medical Boards or through queries to the National Practitioner Data Bank.[16]

Best Practices

Credentialing can be a job within itself. Regulatory changes are challenging to keep up with to ensure everything is current, and it often seems as soon as you figure things out, it is time to recredential again. Here are some best practices to ensure files are organized and survey-ready:

- Prepare a document for applicants that includes everything they need to provide.
- Run checks to verify all licensures and certifications and print verifications. Primary sources include a state license check, American Medical Association, Office of the Inspector General, and the National Practitioner Bank (NPDB). When applicants are entered into NPDB, set them up for a continuous query so you are alerted to any changes in real time and can save a step during re-application.
- Maintain a current photo ID in each applicant file and replace copies as needed.
- Check each applicant's insurance to verify it meets liability limits and minimums.
- Organize your files with a system that tracks when documents need renewed.[17]

When the time comes to recertify applicants:

- Include peer review in the process by having your governing body indicate activities have been peer reviewed and considered as part of the approval process.
- Require a new application with each re-credentialing period.
- Update the delineation of privileges with any new requested procedures (included CPT codes for easy reference) and governing board approval as they happen.
- Provide the applicant with a letter indicating appointment has been granted on the base of adherence to the facility's by-laws.[17]

SUMMARY

In addition to fulfilling state and federal CMS requirements, there are significant benefits to legislative, regulatory, accreditation, and credentialing requirements. By following these requirements, ASCs provide themselves with an external validation of safe practices and allows them to benchmark their performance compared to other accredited facilities. It also demonstrates to both payers and patients that the facility is committed to continuous quality improvement[12] to ensure safe patient care, which leads to continued ASC growth.

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