THE ASF SOURCE
Ambulatory Surgery Facilities

ASF SOURCE - WINTER/SPRING 2010

Quality Assurance/Surveyors Oversight

The AAAASF QA Surveyors Oversight Committee was created and approved during the October 2009 Board of Director's meeting in Chicago. Gary Brownstein, M.D., QA Surveyors Oversight Committee Chairman, and his committee were directed to institute a program to review Medicare surveyors and their performance issues.

Policy Guidelines

A copy of the QA Committee annual surveyor's review and any corrective action taken will be maintained in each individual surveyor's file. The QA committee will submit to the AAAASF Board of Directors a summary report with analysis of current surveyor trends, future needs assessment, and a detailed report of surveyors that have been found to be deficient at the time of their annual review, noting the area of deficiency determined and the committee's recommendation for corrective action. The committee will include in their report a list of surveyors recommended for re-certification. A copy of the summary report by the QA committee will be maintained on file at the AAAASF office. All reports submitted by the QA committee to the AAAASF Board of Directors are confidential.

In addition to the Annual Review report to the AAAASF Board of Directors, the committee is required to report on an ad hoc basis all findings and subsequent recommendations resulting from complaints against a surveyor that could impact patient safety. The QA committee chair is responsible for determining the severity of complaints that constitute a high priority, convening an ad hoc committee meeting for review and subsequent report to the Board of Directors or as directed by the AAAASF President or Executive Director.

The QA committee chair is required to schedule a validation survey in response to a complaint that could impact patient safety. Validation surveys scheduled in response to a complaint that constitute high priority must be scheduled within 10 business days of request by the QA Committee Chair and the validation survey report will be reviewed by the Accreditation Chair, the Co-Chair and QA Committee Chair to determine compliance.

Having completed the Medicare Surveyor's oversight program to comply with Medicare-CMS mandates, the QA Surveyors Oversight Committee will be focusing on the current non-Medicare AAAASF inspector's program. The Committee will augment the surveyors oversight levels and review all AAAASF surveyor Policies and Procedures to ensure quality assurance going forward.

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A PUBLICATION OF THE AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGERY FACILITIES, INC.

WWW.AAAASF.ORG

The ASF Source is published on a tri-annual basis. Contributions to the ASF Source are welcome, but may be edited for clarity and placement purposes.

AAAASF Mission Statement: It is the mission of the Association to develop and implement standards of excellence for quality patient care through an accreditation system for ambulatory surgery facilities and to serve the public interest by providing accurate and timely information regarding surgery in ambulatory surgery facilities and ASCs.

AAAASF Patient Safety Brochure Order Form

$35 (Pkg. of 25)
$100 (Pkg. of 100)

Quantity _____
Total Cost $_____

View the brochure on line:
www.aaaasf.org/ps.pdf

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City_____State_____Zip_____
Name on Credit Card_____
Credit Card#_____
Exp. Date_____Signature_____
Faxes must include a credit card number (Visa, MasterCard, or American Express), the card expiration date and signature to authorize the charge amount shown on the order form.
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Exposure to Anesthetic Gases

It is estimated that more than 200,000 health care professionals - including anesthesiologists, nurse anesthetists, surgical and obstetric nurses, operating room (OR) technicians, nurses aides, surgeons, anesthesia technicians, postanesthesia care nurses, dentists, dental assistants, dental hygienists, veterinarians and their assistants, emergency room staff, and radiology department personnel - are potentially exposed to anesthetic waste gases and are at risk of occupational illness. Over the years there have been significant improvements in the control of anesthetic gas pollution in health-care facilities. These have been accomplished through the use and improved design of scavenging systems, installation of more effective general ventilation systems, and increased attention to equipment maintenance and leak detection, as well as to careful anesthetic practice. However, occupational exposure to waste gases still occurs.

Exposure measurements taken in ORs during the clinical administration of inhaled anesthetics indicate that waste gases can escape into the room air from various components of the anesthesia delivery system. Potential leak sources include tank valves, high-and low-pressure machine connections; connections in the breathing circuit; defects in rubber and plastic tubing, hoses, reservoir bags, ventilator bellows, and the Y-connector. In addition, selected anesthesia techniques and improper practices such as leaving gas flow control valves open and vaporizers on after use, spillage of liquid inhaled anesthetics, and poorly fitting face masks or improperly inflated tracheal tube and laryngeal mask airway cuffs also can contribute to the escape of waste anesthetic gases into the OR atmosphere.

For more information, visit the American Society of Anesthesiologists' web site:
www.asahq.org/publicationsAndServices/office.pdf
and OSHA's web site: **www.osha.gov/dts/osta/anestheticgases/index.html**

Ambulatory Surgery in California

The March 4 edition of the Los Angeles Times contained a thought-provoking article "Lap-band promoters' troubled history" by Michael Hiltzik addressing significant issues related to ambulatory surgery in California.

Read the full article at: **www.latimes.com/business/la-fi-hiltzik4-2010mar04,0,5208327.column**

As reported in The L.A. Times: *"Then there are the particulars of that June inspection report of Almont Ambulatory Surgery Center, which runs for 22 pages...That inspection wasn't the only one to turn up problems. The American Assn. for Accreditation of Ambulatory Surgery Facilities, a voluntary association that inspects such facilities to make sure they're safe and properly run, had revoked the facility's accreditation April 4.*

The association's executive director, Jeff Pearcy, told me that it had suspended Almont's credentials a few weeks earlier, after receiving a serious complaint that he wouldn't specify. During an unannounced visit April 4, its inspectors discovered that surgery was being performed on the premises despite the suspension. Pearcy said his organization promptly informed federal Medicare authorities and the state medical board of its action. Silverman blames those violations on unidentified Almont managers who he said were placed in charge by the Omidis. He said Almont went out of business soon after the revocation of its certification and accreditation. The clinic's quarters, he maintains, were then taken over by Beverly Hills Surgery Center. Under that name the facility received accreditation as an ambulatory care center in January from a different medical accreditation agency, the Joint Commission."

AAAASF Executive Director, Jeff Pearcy, responded to the article with a letter to the editor supporting the importance of accrediting organizations and the need for better controls to protect the public. Read the complete letter at **www.aaaasf.org/pub/LAT.pdf**

"In California each of the accrediting associations applies to the Medical Board of California to be recognized as an accrediting body of free-standing surgical centers. The accrediting organizations report changes in accreditation on a monthly basis and reapply for accrediting status every three years. Additionally, if the facility is a Medicare facility they also are under their stringent oversight process.

Nearly all surgeons operating in accredited ambulatory facilities adhere to the strictest standards of ethics and safety. There are published articles demonstrating the incredible safety record of surgery performed in accredited facilities. The difficulty in the case cited by Mr. Hiltzik is that a few problematic physicians are attempting to skirt the regulatory systems in place. It is a testimony to the quality of the accreditation processes that once a complaint was received, the accrediting bodies performed a thorough investigation and a swift adjudication. AAAASF was transparent with all the governmental bodies involved and moved quickly to protect the people of California. The private accrediting organizations provide a valuable service to the State of California, saving the State the expense of a separate inspection process. However, there is a problem evidenced by the facility being able to move from one accrediting body to another.

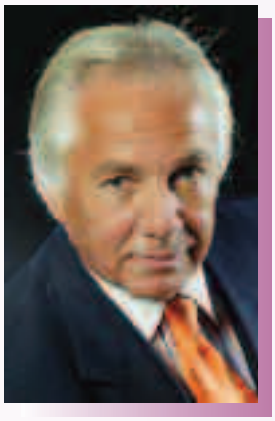
We offer two solutions for consideration. First, state insurance laws can be amended to require accreditation of free-standing surgery centers before claims can be paid. Second, the State can begin to track where anesthesia is purchased and used to assure that all physicians using sedative agents that may result in moderate to deep sedation are working in accredited facilities. Unless enforcement action is taken, then the valiant efforts of the accrediting bodies and the Medical Board of California will continue to result in an inadequately regulated industry that has the potential for abuse."

Lawrence S. Reed, MD will receive the **Walter Scott Brown Award** from ASAPS during the 2010 Annual Meeting in Washington, DC. This award is for the Best Video presented at the 2009 Meeting. Dr. Reed presented the interactive video "Expanding the Role of the Mini Brachioplasty - A Critical Review." The awards ceremony will take place Tuesday, April 27, at 8:00 a.m. in Potomac C Ballroom at the Gaylord. The awards reception takes place Monday evening.

New 2010 AAAASF Board Member Seated

Jennifer K. Quicci, CRNA, MS has been seated by the AAAASF Board of Directors to fill the vacated seat of Jeanne Learman. Unfortunately, Jeanne had to leave for health reasons and highly recommended Ms. Quicci for consideration.
The board unanimously approved Ms. Quicci at the February 27th Board of Directors meeting in Chicago. Ms. Quicci works for Anesthesia Staffing Consultants, Inc., providing daily anesthesia staffing services to contracted ambulatory surgery facilities throughout southeast Michigan.

AAAASF President's Message



Lawrence S. Reed, M.D.
President

Although I do not frequently watch TV, one show that I do enjoy, whenever I happen upon it, is "How It's Made." We use and consume things, of varying complexities all day long with barely a thought as to who made it or how it was made. I once saw an episode featuring how the Hershey's Kiss is made. The process from raw ingredients to the final product was featured. Yes, the making of this tiny Hershey's Kiss was complex and technologically involved. It seemed like science fiction! All this effort used for a candy consumed in a millisecond and soon forgotten. I know from constant interactions with our AAAASF (Quad A) participants, that they generally appreciate our professionalism and commitment to patient safety. Most will recognize the value of being associated with Quad A. Some are occasionally put off by our efforts, as we always try to stay in the vanguard of patient safety initiatives and those efforts may present some new challenges for our participants. As participants in our accreditation program, they fully accept and support our product, but like the Hershey's Kiss consumer, have little idea about how it is made.

AAAASF is at the forefront of the accreditation field because of the proactive efforts of its board members, executive staff, and a myriad of dedicated contributors. Not a day goes by, including weekends, when issues of minor, paramount or tangential concern to our members, are not being dealt with. Clearly, the advancement of technology and methods of practice used by the various specialties is ever changing and the expectations increase as well. With expanding knowledge comes new technology, new levels of accepted standards, new guidelines, recommendations and regulations. Multiple groups, such as federal regulators, state legislative bodies, medical associations and patient advocacy groups all factor into the manufacturing process. They are all part of the process of "How We Are Made." The accreditation program developed by AAAASF is a dynamic, incessant process which requires unrelenting vigilance combined with the ability to respond rapidly and thoroughly. Our board members, the various committees and a host of in-house and external experts work closely with our executive staff to ensure that Quad A remains the Gold Standard in Accreditation.

At last fall's Board of Directors meeting, a Quality Assurance Committee, under the direction of Dr. Gary Brownstein, was created. This committee was formed to research, establish and implement new quality oversight systems that will more carefully monitor and evaluate the quality of our inspections (surveys) process and our inspectors (surveyors). It will implement better practices for reporting and evaluating the entire inspection process. One of the tasks was the creation of a more focused evaluation form that would appropriately serve the needs of the medical facilities and enable AAAASF to refine and improve the inspection process from start to finish.

Over the course of an impromptu web-based collaborative discussion, which lasted some four hours, board members and other involved participants weighed in via e-mail with suggestions, insights and criticisms, until a perfectly acceptable and meaningful evaluation form was created. This one product went from initial concept to final, ready for production status, because of the efforts of many unseen and unheralded experts.

Another initiative established by the board of directors is the formation of a Data Analysis Committee, under the guidance of Dr. Geoffrey Keyes, which will review, refine and improve our peer review data collection system so that information is more readily accessible affording Quad A enhanced responsiveness to the requests of external medical groups and associations interested in the data. Throughout the last decade, Quad A revolutionized data collection in the ambulatory surgery environment. That ongoing effort alone sets us far apart from other accrediting organizations and medical associations. We have accumulated data on over 2.5 million procedures performed in our accredited facilities. For Quad A accredited facilities, this solidifies our recommendations and standards as being fact-based using solid statistics.

In 2009, contrary to most trends, we experienced tremendous growth and expanded our influence over a diversified mix of disciplines. As Quad A roams into new horizons, the core quality of professionalism and critical self analysis prevails. We are justifiably proud of "How We Are Made" and how we continually improve our product. We are always responsive to the needs of our consumers (our accredited facilities), the ever changing medical/governmental landscape and most importantly, the safety of our patients.

There is a reason that the majority of office-based surgical facilities, in all specialties, choose Quad A over our competitors. The quality ingredients and production value that goes into "How We Are Made" resonates with potential consumers who get a taste of our product via our website, videos or numerous presentations throughout the country. To remain consistently at the top of our game, we continually seek out expert opinions by those in the trenches, collect our data in the field and create new ways to enhance or support our program.

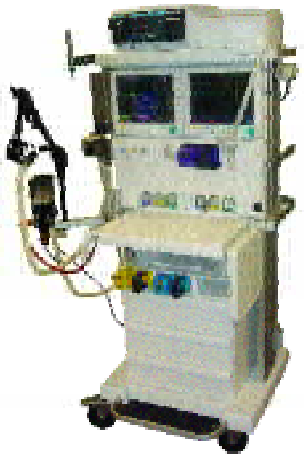
If you wish to contribute some time and ideas to "How We Are Made," call or email the AAAASF office. You can contribute formally by joining a committee, attending a surveyor training program or becoming a surveyor. You can contribute informally by emailing your suggestions to our staff and they will forward them to the appropriate committee chair for review.

New & Refurbished Anesthesia Equipment

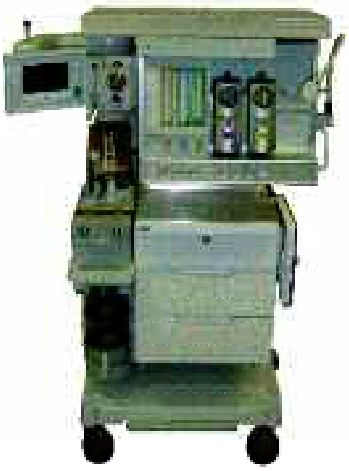
New PM8000
$3,450
$5,450 w/EtCO2

New PM9000
w/EtCO2/agent ID
$10,950

New Zoll
AED Plus
Call for Special $



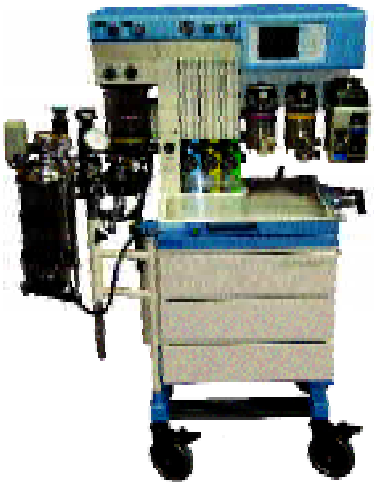
Refurbished
S/5 ADU



Refurbished
Aestiva

NEW! Platinum SC430 with optional Color Touch Screen, Volume, Pressure & Pressure Support Modes, heated absorber & two year warranty. Lease to own for only $535/ month.
$26,900- $36,900

Top dollar paid for used/trade-in Aestiva, Aespire, Narkomed GS and Fabius GS.



Refurbished
Narkomed GS

New Iso/Sevo
Vaporizers $2,195
Dealer price $1,595

Zoll M-Series
Defibrillator
$3,950

Paragon Service

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Propofol Shortages Continue In 2010

Reason for the Propofol Shortage

Hospira recalled several lots of their Propofol injection in mid-October, 2009 due to the presence of particulate matter in the vials. Teva recalled several lots of their Propofol injection at the end of October, 2009 due to possible microbial contamination. APP could not keep up with increased demand for product.

The status of alternative agents is as follows:
- Thiopental: Was unavailable in November 2009, due to a problem with production and product was scheduled to be available by the time of this publication.
- Methohexital, Ketamine, and Etomidate manufacturers were still reporting adequate supply.
- Fospropofol is currently being distributed to hospitals and should be available - but it is important to note that fospropofol is only indicated for monitored anesthesia care (MAC) sedation in adult patients undergoing diagnostic or therapeutic procedures. It is not indicated for general anesthesia.

Additional information can also be found at the following links for the American Society for Health-System Pharmacists:
Drug Shortages: **www.ashp.org/DrugShortages/Current/**
For more information on drug recalls, visit: American Society of Heath-System Pharmacists' web site: **www.ashp.org**

In cooperation with the FDA, APP was providing Propoven 10 mg/mL injection to the US market to help alleviate the shortage. All supplies were depleted and this product will no longer be available. Propoven is manufactured in FDA-approved facilities by Fresenius Kabi AG, the parent company of APP. Propoven is different from Diprivan in that it is preservative-free and contains medium-chain triglycerides as well as long-chain triglycerides. (Diprivan contains only long-chain triglycerides and also contains EDTA). APP has two "Dear Healthcare professional letters" available that include detailed information and the product labeling for Propoven. Please report any offers to sell Propoven by an entity other than APP Pharmaceuticals to **drugshortages@fda.hhs.gov.**
For additional information, please visit the FDA's Propofol Injection Shortage notice.

On March 1, Teva halted all of its Propofol manufacturing and said it couldn't estimate when production would resume; the company has no Propofol products available at this time.

According to Hospira, the manufacturing issue that led to its October 2009 Propofol recall has been addressed and is estimating that it will be able to release presentations of Propofol 10 mg/mL injection (currently on backorder) in mid-to-late April. Hospira is also reporting shortages of thiopental injection, an alternative to Propofol.

All Diprivan and Diprivan Novaplus presentations are being released weekly. APP has received approval for generic Propofol, however, all presentations were on backorder. The company expected that the 20 mL vials, 50 mL vials, and 100 mL vials would be available by the time of this publication. To order Diprivan or generic Propofol directly from APP, call (888) 386-1300 between 8 a.m. and 7 p.m. EST.

The FDA continues to warn facilities not to compromise the safe use of drugs — for example, by splitting single-use Propofol vials into multiple doses — to deal with the shortage. Consequently, manufacturing delays and increased demand have also created shortages of ephedrine injection and vecuronium injection, a neuromuscular blocking agent.

If your hospital or practice is experiencing a drug shortage or a problem securing any drug, please contact the FDA Drug Shortage Group at: ***drugshortages@fda.hhs.gov***

Fighting Malignant Hyperthermia with *New Tools for Better Outcomes.*

The thought of a healthy individual dying while undergoing surgery seems almost unbelievable in this day and age of advanced medical care. Yet this still happens to patients who are susceptible to malignant hyperthermia, a potentially fatal reaction to certain inhalation anesthetics. Immediate treatment of malignant hyperthermia is critical to saving lives.

While the exact incidence of MH is unknown, one thing is clear. Immediate treatment with dantrolene sodium for injection is the only thing that can reverse the complex biochemical chain reaction caused by an MH crisis. As important as CO2 monitoring is for identifying an MH Crisis, having a full supply of dantrolene sodium is also critical for all facilities where general anesthesia is administered.

New scientific advancements are dramatically reducing the time it takes to deliver this life-saving treatment. US WorldMeds recently introduced Revonto™, a patented, rapidly mixing formulation that is ready to administer in about 20 seconds – more than two and a half minutes faster than regular dantrolene sodium. Since as many as 36 vials of dantrolene sodium are necessary to treat one case of MH, every second counts.

"The enhanced reconstitution time of Revonto ™ is an important improvement to intravenous dantrolene sodium," says Dr. George Digenis, Chief Scientific Officer of US WorldMeds. "This is the first advance for this life saving treatment in 30 years."

In addition to dantrolene sodium, the health care provider must have equipment to lower body temperature rapidly, measure acid–base changes in the blood, measure coagulation changes, blood electrolytes and test for muscle breakdown.

Researchers have identified more than 80 genetic defects associated with a susceptibility to MH, and patients typically are unaware of their risk unless they or a family member have experienced a life-threatening crisis during anesthesia.

The general signs of the MH crisis include tachycardia (a rise in heart rate), a greatly increased body metabolism, muscle rigidity and/or fever that may exceed 110 degrees F. Severe complications include: cardiac arrest, brain damage, internal bleeding or failure of other body systems. Death, primarily due to a secondary cardiovascular collapse, can result.

Malignant hyperthermia is rare, but even one death is too many. Knowledge and preparation, combined with the faster treatment, can ensure your facility is ready in the event of an MH crisis.

Kathy Carlson
General Manager, Nursing CE Portal
www.nursingceportal.com

For more information on MH: www.mhaus.org

AAAASF Educational Foundation

"The benefits of personal involvement in educational endeavors and supporting educational programs are measured exponentially in relation to the amount we choose to give."
- Robert Singer, M.D.

Please help support the AAAASF Educational Foundation with a charitable donation. Your donation will help fund important educational programs specific to the needs of surgeons and their staff in accredited facilities.

Your donation is tax deductible.

AAAASF Educational Foundation Donation
I wish to make a donation of $_____
to: the AAAASF Educational Foundation.

If donating by check, send to:
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POBOX 9500 Gurnee, IL 60031

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AAAASF Inspectors can request that all or a portion of their $500 honorarium be donated to The AAAASF Educational Foundation. After completing an inspection contact Adriana at the AAAASF Office at: 888-545-5222. adriana@aaaasf.org

New Online Resource Guide Provides Links to Useful Web Sites and Products

AAAASF has created an updated online Resource Guide to replace our old CD version. The new web version will allow for new resources and products to be included more easily and outdated information can be edited faster. If you have any resource or product that corresponds with a particular standard, or to promote a product or service, contact Jaime Trevino for consideration. Line listed resource links approved for publication are included at no charge.

Paid advertising is available by contacting Jaime: 888-545-5222 or jaime@aaaasf.org.

AAAASF RESOURCE GUIDE

This Resource Guide includes a collection of supplemental resources that may enhance an area of interest for you as you review the AAAASF Regular Standards. They are provided as added educational information. To acheive accreditation, a facility must comply with current AAAASF Standards and abide by the strictest regulation required by local, state , federal laws or AAAASF standard.

If you would like to submit a new resource to be considered for this guide, click here

REGULAR STANDARDS VERSION	RESOURCES		EXAMPLE ADS
These resources are current as of the posting date however, you should always search for the most recently published guidelines issued by these organizations to ensure current access to the most current information. AAAASF does not have any financial interest in any of the companies that may be listed in this guide. Nor does AAAASF endorse one company or resource over another (listed or not listed here). You are not bound to use these companies in order to satisfy any standard nor does use of these products guarantee compliance of the standard (one may purchase a product listed but not use it according to manufacturer's recommendations for example). We encourage your participation in the gathering of resources that may be valuable to the education process for others, please use the link above to submit new resources or to report an outdated reference, link or other	**GENERAL RESOURCES**		
	Federation of State Medical Boards of the United States, Inc. PO Box 619850 Dallas, TX 75261-9850 Main Phone: (817) 868-4000 Outpatient Surgery	American Society of Anesthesiologists 520 N. Northwest Highway Park Ridge, IL 60068-2573 telephone: (847) 825-5586 fax: (847) 825-1692 e-mail: mail@asahq.org Publications And Services/standards	

www.aaaasf.org/pub/ResourceGuide.htm

To submit resource links or advertising questions: jaime@aaaasf.org

Quality Assurance Surveyors Oversight ...From Page 1

Policy on Complaints Against Surveyors (CMS approved)

488.4(a)(4)(iv)... "the evaluation systems used to monitor the performance of individual surveyors and survey teams;"

Policy on Complaints Against Surveyors For AAAASF Medicare Deemed Accreditation Programs

All complaints against surveyor performance or conduct are taken seriously and will be reviewed by the appropriate AAAASF personnel. It is the responsibility of the facility to report any complaint against a surveyor to AAAASF.

1. All complaints against surveyor performance or conduct must be made to AAAASF in writing to the Executive Director's attention.
2. Email is acceptable.
3. All complaints will be reviewed by the Director of Accreditation. If the nature of the complaint compromises patient safety or the quality of the facility's survey, the Director of Accreditation will forward the complaint on to the chair of the Quality Assurance Program for review and counsel for possible action.
4. The results of any survey resulting in a complaint that was determined to be valid and of sufficient gravity to warrant invalidation of the survey results will be scheduled for reassessment by another surveyor. Surveyors receiving complaints that invalidate surveys will be notified by return receipt correspondence within three business days that a complaint was received and the nature of the complaint. All surveyors will have the opportunity to respond to any complaints before additional punitive action takes place.
5. The costs associated with the reassessment of any facility due to a complaint will be absorbed by AAAASF only if the written complaint report was received by the end of the third AAAASF business day (4:40 pm Central Time) following the incident.
6. Any surveyor whose conduct was determined to warrant invalidation of survey results may not receive an honorarium.
7. Surveyors who are the subject of complaints based upon performance may be required to undergo retraining before being assigned to subsequent facility surveys.
8. All records of complaints and the results of each review process will be maintained in the associated surveyor's file and the facility's file by the AAAASF staff member responsible for maintaining these files.

New Facilities Represent a Diverse Mix of Disciplines

AAAASF was first developed in 1980 as an association designed to inspect and accredit office-based plastic surgery facilities. In the 1990s we developed standards to accommodate all ABMS specialties and saw a modest increase in various non-plastic surgery facilities. In 2004, AAAASF opened an independent central office to expand the outreach to all the disciplines you see at the right. Prior to 2004, the AAAASF program was administered by a management company. Through increased board activity, marketing efforts, increased education, legislative and customer support, AAAASF has seen dramatic growth in the last two years. The New York state OBS accreditation law in 2009 brought in nearly 500 new facilities of all types.

- Plastic Surgery
- Gastroenterology
- Urology
- Obstetrics & Gynecology
- Multi-Specialty
- Pain Medicine
- Gynecology
- Anesthesiology and Pain Management
- Dermatology
- Pain Management
- Orthopaedic Surgery
- Internal Medicine
- Colon & Rectal Surgery
- Diagnostic Radiology
- Diagnostic Radiology & Podiatry
- Family Practice
- Surgery, Colon & Rectal Surgery
- Internal Medicine & Gastroenterology
- Ophthalmology
- Multiple Specialties
- Podiatric Surgery
- Reproductive Endocrinology GYN
- Reproductive Endocrinology and Infertility
- Pain Management, Anesthesia
- Pain Medicine, General Surgery
- Radiation Oncology
- Plastic Surgery and Otolaryngology
- Maxillofacial Surgery

See pages 12 and 13

AAAASF Legislative Update

Thomas S. Terranova, M.A., Director of Legislative and External Relations

The shifting sands of the U.S. regulatory landscape - with regards to outpatient care - continue to adjust the regimes by which states seek to assure the highest quality of patient care in their jurisdictions. Fueled by high profile safety issues, several states have taken on the patient safety mantle and either created or strengthened their accreditation guidelines and regulations. As always, AAAASF was active in advocating responsible oversight and acting in an advisory capacity to states and third parties with the power to induce accreditation. In recent months AAAASF staff has been in the field educating practitioners about emerging requirements and the AAAASF program.

As AAAASF Director of Legislative and External Relations, I recently spoke at two Nevada Ambulatory Surgery Center Association meetings in Reno and Las Vegas presenting the AAAASF accreditation process. Nevada law now requires all facilities using anesthesia (for any purposes other than the relief of anxiety) to be accredited. The accreditation requirement is an additional level of oversight to the State Health Division's mandates. Ambulatory surgery centers must undergo state licensure through the Health Division and subsequently achieve accreditation. The application for licensure is available on the state website. Office based practices utilizing anesthesia must obtain state certification (which differs primarily in name from licensure) in conjunction with accreditation. The application for certification is not yet available, however, the state is encouraging all facilities to begin the accreditation process to avoid a backlog of facilities awaiting inspection. The deadline has not been determined.

The state of Indiana accreditation requirement went into effect on January 1, 2010. Facilities in the state are now prohibited from conducting procedures requiring moderate or higher levels of sedation unless accredited by one of the nationally recognized accreditation organizations. Non-accredited facilities run the risk of being prosecuted by the state's Office of the Attorney General or of having complaints logged against the physician's medical license by the Medical Licensing Board of Indiana. The potential exists for very serious consequences for facilities that choose to take a chance by operating without accreditation.

In Florida a joint committee consisting of the Boards of Medicine and Osteopathic Medicine has made considerable progress toward completing rules defining training, reporting, security, and patient screening requirements for pain clinics. The regulations to which these rules apply require that facilities either undergo state inspection or accreditation through a recognized accreditation organization. The state has yet to identify the approved accreditation organizations, although as an approved accreditation organization in the Florida Office Surgery rules, AAAASF is situated to provide accreditation under the pain clinic regime as well. Published rules should be released by late spring.

Washington legislators passed accreditation legislation some time ago, requiring either state inspection or accreditation surveys for all Medicare participating facilities and what the state refers to as ambulatory surgery facilities (ASF). ASFs are facilities utilizing general anesthesia, those that are classified by AAAASF as Class C facilities. Accreditation is not yet mandatory for facilities using only lower levels of anesthesia. The Washington survey regime, which went into effect in July 2009, requires onsite surveys every 18 months. The state agency is still developing how it will resolve the discrepancy between its 18 - month survey requirement and the 36 - month AAAASF accreditation cycle. AAAASF has offered to work with the state health department to create an acceptable solution, and that effort is ongoing.

In response to yet another high profile death, that of rapper Kanye West's mother, the California legislature has recently passed what is being called the Donda West law. This law requires that a full history and physical be conducted within the 30 days prior to an elective cosmetic procedure with confirmation of the examination as up-to-date and appropriate on the day of the procedure. The required history and physical may be conducted on the day of the procedure. The Donda West law has little effect on physicians practicing in AAAASF accredited facilities because the AAAASF history and physical standards remain stricter and therefore requisite to achieve AAAASF accreditation. Similar legislation has been proposed in Illinois and Oklahoma.

State legislatures are not the only third parties encouraging practitioners to achieve accreditation. Insurers are increasingly requiring accreditation as a condition for reimbursement. Blue Cross Blue Shield of Tennessee now requires all participating providers of ambulatory surgery to be accredited in order to receive payments. This requirement can be found in Section XIV, page 292 of the BCBS Tennessee policy manual and AAAASF's listing as one of the approved accreditation agencies in Section XIV, page 295.

As states continue to develop new and evolving requirements for Office Based Practices and ASCs, AAAASF will remain diligent in monitoring new regulations and providing expertise to the process. Despite this organization's commitment to assisting responsible oversight efforts, individual physicians and facilities remain the most valuable resource in identifying critical issues requiring attention. AAAASF would like to encourage facilities to continue to be vigilant and to alert AAAASF upon learning of new or developing requirements. **Please email me at: tom@aaaasf.org or call me at 888-545-5222.**

Visit the AAAASF website for Legislative Updates and News, www.aaaasf.org

Newly Accredited Facilities

FACILITY	DIRECTOR	CITY/STATE	CLASS	SPECIALTY
307 Long Island Medical, P.C.	Venkata P. Maganti M.D.	Great Neck NY	C-M	Gastroenterology
Mir Mubarak Ahmed, M.D.	Mir Mubarak Ahmed M.D.	Brooklyn NY	C-M	Gastroenterology
Mount Kisco Medical Group Putman Hospital Center Office Endo Suite	Abe Levy M.D.	Carmel NY	C-M	Gastroenterology
Park Avenue Manhattan Medical Services PC	Everett Lautin M.D.	New York NY	C-M	Diagnostic Radiology & Podiatry
Yonkers Urology P.C.	Nayel J. Sayegh M.D.	Yonkers NY	C-M	Urology
Choudhury S. Hasan, M.D.	Choudhury S. Hasan M.D.	Rego Park NY	C-M	Gastroenterology
Hedden Plastic Surgery Center	William J. Hedden M.D.	Birmingham AL	C	Plastic Surgery
Omnicare Plus, P.C.	Evans Crevecoeur M.D.	Rosedale NY	C-M	Gastroenterology
Olney Urology Center	Richard A. Kurnot M.D.	Olney MD	C-M	Urology
Metropolitan Ambulatory Urologic Institute, LLC	Arnold Willis M.D.	Greenbelt MD	C-M	Urology
Congressional Ambulatory Surgery Center, LLC	Steve Behram M.D.	Rockville MD	C-M	Obstetrics & Gynecology
Dr. Mark L. Jewell Surgicenter	Mark L. Jewell M.D.	Eugene OR	B	Plastic Surgery
Integrated Medical Professionals, Office Based Procedures	Carl A. Olsson M.D.	North Hills NY	C	Urology
Integrated Medical Professionals, Office Based Procedures	Carl A. Olsson M.D.	Islandia NY	C	Urology
Advanced Surgical Arts Center	D'Arcy A. Honeycutt M.D.	Bismarck ND	C	Plastic Surgery
NY Surgical and Anesthesia Suites, P.C.	Brian Haftel M.D.	Bronx NY	C-M	Pain Management, Anesthesia
SZS Medical Care, PLLC	Shaya Raykher M.D.	Brooklyn NY	C-M	Internal Medicine
Mechanicsville Ambulatory Surgery Center	Krishna P. Jayaraman M.D.	Mechanicsville MD	A	Urology
Vinings Surgery Center	Robert A. Colgrove Jr., M.D.	Atlanta GA	C	Plastic Surgery
The Adult & Pediatric Urology Surgery Center of MD, LLC	George Mamo M.D.	Baltimore MD	C-M	Urology
LaPlata Ambulatory Urological Center, LLC	Vladimir Kakitelashvili M.D.	LaPlata MD	A	Urology
Island Urological Care a division of Integrated Medical Professionals PLLC	Howard Lynn M.D.	Smithtown NY	C-M	Urology
ASC Development Company, LLC	Mark Coleman M.D.	Bel Air MD	A	Pain Management
Salisbury Uro Surgery Center	Thomas M. DeMarco MD	Salisbury MD	A	Urology
Greater New York Urology	Carl Gerardi M.D.	Yonkers NY	C-M	Urology
Brooklyn Integrated Medical Assoc. PC	Jude T. Barbera M.D.	Brooklyn NY	C	Urology
Michael Gribetz, M.D.	Michael Gribetz M.D.	New York NY	C-M	Urology
Greenbelt Surgery Center, Inc.	Najmaldin Karim M.D.	Berwyn Heights MD	C-M	Pain Management
Best Womens Medical Care, PC	Dmitry Bronfman M.D.	Brooklyn NY	C-M	Obstetrics & Gynecology
Surgical Suites at The Wall Center, LLC	Simeon Wall, Jr. M.D.	Shreveport LA	C	Plastic Surgery
Xavier Medical	Diego X. Alvarez M.D.	Oneida NY	B	Internal Medicine
Maxillofacial Surgery Services LLC	George E. Anastassov M.D. DDS	New York NY	C	Maxillofacial Surgery
Prostate Healthcare of New York, PLLC	Eugene Fine M.D.	New York NY	C-M	Urology
Artisan Surgery Center, LLC	Manish Raj Gupta M.D.	Toledo OH	C	Plastic Surgery
Tarrytown Surgery Facility	C. Andrew Salzberg M.D.	Tarrytown NY	C-M	Plastic Surgery
Gordon and Held, M.D., P.C.	Douglas Held M.D., F.A.C.S.	New Hyde Park NY	C-M	Surgery, Colon & Rectal Surgery
Womens Medical Services of New York, PC	Juan Sandoval M.D.	Brooklyn NY	C-M	Obstetrics & Gynecology
Pelvic Specialty Surgery Suites	Brian Feagins M.D.	Dallas TX	C-M	Urology
Mune Gowda, M.D.	Mune Gowda M.D.	Novi MI	C-M	Plastic Surgery
MidState Endoscopy Center	Allan H. Bailey M.D.	Nashville TN	B	Gastroenterology
Nashville Gastrointestinal Specialists - Southern Endoscopy Center	Robert W. Herring M.D.	Nashville TN	C-M	Gastroenterology
Advanced Plastic Surgery	Mark D. Fetter M.D., PC	Prescott AZ	C	Plastic Surgery
Byrne Surgery for Gyn of Garden City	Paul R Byrne M.D.	Garden City NY	C-M	Gynecology
Downtown Baltimore Surgery Center	Marc Posner M.D.	Baltimore MD	C-M	Gastroenterology
Manhattan Diagnostic Radiology	Morton Jacobs M.D.	New York NY	C-M	Diagnostic Radiology
Marc Leaf MD PC	Marc Leaf M.D.	Brooklyn NY	C-M	Gastroenterology
Hudson Valley Fertility, PLLC	Daniel Levine M.D.	Fishkill NY	C-M	Reproductive Endocrinology & Infertility
Highland Clinic Surgery Center, LLC	Daniel Knight M.D.	Shreveport LA	C	Multi-Specialty
American Fertility Services, PC	Nabil Husami M.D.	New York NY	C-M	Reproductive Endocrinology GYN
Island Medical Group	Robert M. Hitscherich M.D.	Bethpage NY	C-M	Gastroenterology
Wake Plastic Surgery	William T. Stoeckel M.D.	Cary NC	C-M	Plastic Surgery
Wartburg Surgery Center	Eric M. Redmon M.D.	Wartburg TN	C	Multi-Specialty
Manhattan Medical Practice, P.C.	Kiran Bhat M.D.	Brooklyn NY	C-M	Gastroenterology
San Diego Skin, Inc. M.	Mark Mofid M.D.	La Jolla CA	C	Plastic Surgery
Gynemed Surgical Center	David Chang M.D.	Baltimore MD	B	Obstetrics & Gynecology
Capital Women's Care Frederick Division ASC	Gerrit Jan Schipper M.D.	Frederick MD	A	Obstetrics & Gynecology
Four Corners ASC, LLC	Gary A. Lieberman DPM	Silver Spring MD	A	Podiatric Surgery

Newly Accredited Facilities

FACILITY	DIRECTOR	CITY/STATE	CLASS	SPECIALTY
York Green Surgery Center, LLC	Ajay R. Parikh M.D.	Lutherville MD	C	Multi-Specialty
Tanner Clinic Ambulatory Surgery Center	York Yates M.D.	Layton UT	C-M	Plastic Surgery and Otolaryngology
Beverly Hills Surgical Center	Masoud Malek M.D.	Beverly Hills CA	C	Plastic Surgery
Center for Plastic Surgery	Dell P. Smith M.D.	Twin Falls ID	B	Plastic Surgery
University Urological Associates, Inc.	E. Bradley Miller M.D.	Providence RI	C-M	Urology
Chinatown Physicians, PC	Shuk-Yi Lee M.D.	New York NY	B	Gastroenterology
Edward V. Chan, M.D., PLLC	Edward V. Chan M.D.	New York NY	C-M	Obstetrics & Gynecology
Urbana GI Endoscopy Center, LLC	Mark S. Gloger M.D.	Ijamsville MD	C-M	Gastroenterology
The Plastic Surgery & Skin Care Center of Maui	Leonard Yu M.D.	Kahului HI	C	Plastic Surgery
White Plains Medical	Edward Ament M.D.	White Plains NY	C-M	Gastroenterology
Simon Lichtiger, M.D.	Simon Lichtiger M.D.	New York NY	C-M	Gastroenterology
Cerritos Surgery Center	John S. Kim M.D.	Cerritos CA	C-M	Multi-Specialty
Nashville Gastrointestinal Specialists, Inc.	Howard Mertz M.D.	Nashville TN	C-M	Gastroenterology
Regional Hand Center of Central California	Randi A. Galli M.D.	Fresno CA	C	Multiple Specialties
Twin Rivers Gastroenterology LLP	David H. Brody M.D.	Port Jervis NY	C-M	Gastroenterology
Simon Lichtiger, M.D.	Simon Lichtiger M.D.	New York NY	C-M	Gastroenterology
White Plains Medical	Edward Ament M.D.	White Plains NY	C-M	Gastroenterology
Lawrence J. Sobocinski, M.D., P.C.	Lawrence J. Sobocinski M.D.	Forest Hills NY	C-M	Colon & Rectal Surgery
Beachwood Plastic Surgery	Steven Goldman M.D.	Beachwood OH	C	Plastic Surgery
Emanuel L. Kouropos, M.D. PC	Emanuel L. Kouropos M.D.	Bayside NY	C-M	Internal Medicine & Gastroenterology
Frisco Plastic Surgery, PA	Kenneth R. Smart Jr., M.D.	Frisco TX	C	Plastic Surgery
Center for Plastic Surgery	Dell P. Smith M.D.	Twin Falls ID	B	Plastic Surgery
Gynesurgical, LLC	Kelly H. Roy M.D.	Phoenix AZ	C	Gynecology
Inquest Health System, P.C.	William Hedrick M.D.	Fort Wayne IN	C-M	Pain Medicine
Hurwitz Center for Plastic Surgery	Dennis Hurwitz M.D.	Pittsburgh PA	C	Plastic Surgery
Midwest Proton Radrotherapy Institute	Peter Johnstone M.D.	Bloomington IN	C	Radiation Oncology
Southwest Minnesota Surgical Center, Inc.	Anthony Nwakama M.D.	Marshall MN	C	Orthopaedic Surgery
Fulton Medical Group	Isolda Tsapok M.D.	Brooklyn NY	C-M	Gynecology
First Coast Plastic Surgery	David N. Csikai M.D.	Jacksonville FL	C	Plastic Surgery
Shipshewana Family Medicine	K. M. Keaffaber M.D.	Shipshewana IN	B	Family Practice
Manhattan Medical Practice, P.C.	Kiran Bhat M.D.	Brooklyn NY	C-M	Gastroenterology
Jerry Weinberg M.D. Westchester Health Associates	Jerry Weinberg M.D. Mt.	Kisco NY	C	Urology
Laser Surgery Center at Dreamy Draw	Peter Thomas M.D.	Phoenix AZ	C-M	Multi-Specialty
Greater Chesapeake Surgery Center	Richard Levine M.D.	Lutherville MD	C	Orthopaedic Surgery
Metro Health ASC, LLC	Timothy Chaprnka D.O.	Grand Rapids MI	C	Multi-Specialty
Palm Beach Plastic Surgery	David Rankin M.D.	Jupiter FL	C	Plastic Surgery
MED FEM Aesthetic Center	Farrokh Shafaie M.D.	Summit NJ	C-M	Plastic Surgery
Beverly Hills South Pacific Surgery Center	Christos Kalatzis M.D.	Beverly Hills CA	C	Pain Medicine, General Surgery
Valley Pain Specialists - Paradise Valley Pain Management	Daniel Choi M.D.	Paradise Valley AZ	C-M	Anesthesiology and Pain Management
San Francisco Rejuvenation Center	Craig Nielsen M.D.	San Francisco CA	C	Plastic Surgery
Valley Pain Specialists-West Valley Pain Treatment Center	Daniel Choi M.D.	Peoria AZ	C-M	Anesthesiology and Pain Management
Encino Place Pain Management & Surgery Center, Inc.	Shubha M. Jain M.D.	Encino CA	C	Pain Medicine
Boro Park Surgery Center	Samy Lasheen M.D.	Brooklyn NY	C-M	Pain Medicine
William P. Winkler, M.D., P.C.	William P. Winkler M.D.	New York NY	C-M	Gastroenterology
Tri-County Endoscopy Center - Prince Frederick	Atul R. Shah M.D.	Prince Frederick MD	C-M	Gastroenterology
Osteon Surgery Center	Edwin Haronian M.D.	Encino CA	C	Multi-Specialty
Eye Surgery Center of White Marsh, LLC	Robert Kasper M.D.	Baltimore MD	C-M	Ophthalmology
San Francisco Plastic & Reconstructive Surgery Medical Group	Roger P. Friedenthal M.D.	San Francisco CA	B	Plastic Surgery
New York Laser and Skin Care	Arielle N.B. Kauvar M.D.	New York NY	C-M	Dermatology
Columbia University Skin and Laser Center	Monica L. Halem M.D.	New York NY	B	Dermatology
Associates in Plastic Surgery, Inc.	Jonathan M. Jacobs M.D.	Virginia Beach VA	C	Plastic Surgery
The Association of University Physicians	Gary J. Guarnaccia M.D.	Forest Hills NY	C-M	Obstetrics & Gynecology
Women's Health Care, P.C.	Rehana Sajjad M.D.	Rego Park NY	C-M	Obstetrics & Gynecology
The Few Institute for Aesthetic Plastic Surgery	Julius Few M.D.	Chicago IL	A	Plastic Surgery
Cherry Hill Women's Center	Richard Lieblich M.D.	Cherry Hill NJ	C-M	Obstetrics & Gynecology
Longwood Plastic Surgery, P.C.	Michael B. Tantillo M.D.	Brookline MA	C	Plastic Surgery
Tri-State Surgery Center	Michael Gartner D.O.	Paramus NJ	C	Plastic Surgery

Top Ten Deficiencies From AAAASF New York Inspections

AAAASF Top Deficiencies - Prepared for New York State Department of Health

As a part of the office based surgery initiative, a report that outlines the distribution of deficiencies across the various AAAASF programs must be submitted to the New York State Department of Health. The statistics must be presented for each AAAASF program (Surgical, Medicare, Procedural). The report also contains some anecdotal accounts of the prevalence of common deficiencies that hold up the accreditation of many practices. Across all programs it is clear that although there is a noticeable concentration of deficiencies that account for a large portion of total deficiencies, it is most common for standards to be cited only once. The implication is that facilities struggle with different aspects of their respective program according to their own circumstances. In New York, AAAASF conducted 102 surgical inspections. The total of 406 citations tallied herein constitutes approximately 39% of all deficiencies cited nationally.

MOST COMMON DEFICIENCIES

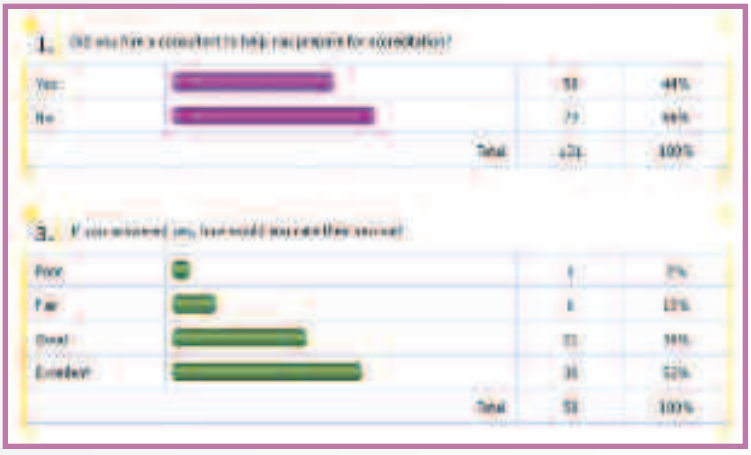
1. NO BOUND NARCOTIC LOG
2. NO CONSENT FOR PEER REVIEW OF MEDICAL RECORDS
3. NO TIMELY H&P OR REPORT ON CHART
4. NO PROTOCOL FOR DISABLED SURGEON OR ANESTHESIOLOGIST
5. INADEQUATE OR NON-EXISTENT PEER REVIEW
6. NO WEEKLY SPORE TEST OF STERILIZER
7. INADEQUATE OR NON-EXISTENT PERSONNEL FILES
8. NO YEARLY UPDATE OF EXPOSURE CONTROL OR HAZARD COMMUNICATION PLAN
9. INADEQUATE NARCOTIC STORAGE
10. IMPROPER SEPARATION OF DIRTY – CLEAN AREAS IN UTILITY ROOM

• NO ADA COMPATIBLE BATHROOM; NO EMERGENCY PROTOCOL; OUTDATED FIRE EXTINGUISHERS; NO EMERGENCY LIGHTING; NO EXIT SIGNAGE; INADEQUATE INSPECTION OF EQUIPMENT

For more information, contact Tom Terranova: tom@aaaasf.org

Hire An Accreditation Consultant Or Do The Preparation Yourself?

In 2009, New York office-based surgery facilities were required by law to complete an accreditation process by mid July. Naturally, this was cause for some panic and stress by affected facilities. Of the nearly 900 OBS facilities that have attained accreditation, over half of them chose AAAASF over AAAHC and Joint Commission. We decide to query a sampling of new facilities (131 participants) and find out whether they enlisted the help of a consultant to prepare for the accreditation process. Over half (56%) decided to do all the preparation in-house.



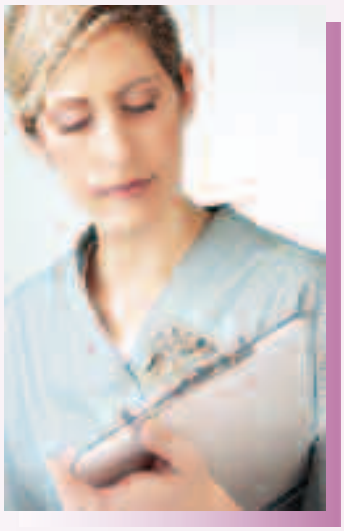
AAAASF offers excellent support for accreditation preparation: Helpful customer service from our accreditation specialists, straight forward standards offered in a user-friendly format and a 3-Disc Accreditation Assistant with a complete P&P manual template and two DVD videos. One video, "Preparing for Accreditation," demonstrates the preparation required and shows an overview of the process. Most facility staffs feel comfortable doing the preparation themselves, but for many, it can be challenging.

Clearly, a great number of facilities will seek out third party assistance and an overwhelming majority had positive experiences with their consultant selection. It was definitely reassuring to see a pool of quality consultants working in the field to provide a service much in demand. Visit our web site to view video clips and to order the Accreditation Assistant. AAAASF.org

ASF Source Newsletter Submission Deadlines/Rates

For Articles, Advertising and Photos - Summer 2010 Issue Deadline - May 15th, 2010

Articles on patient safety issues and quality care practices within the outpatient surgery environment are accepted any time throughout the year. Please email your articles or ideas for articles to Jaime Trevino, Communications Director at **jaime@aaaasf.org** and you will be notified if the Publications Committee decides to use your article.



ASF Source Advertising 2009 Rates

CAMERA READY	B/W	SPOT COLOR	4/COLOR
Full page	$700	$825	$1,350
1/2 page	$450	$625	$850
1/4 page	$225	$425	$550
1/8 page	$110	$325	$450

Interested in Serving on an AAAASF Committee?

We are also interested in getting more nurses and younger surgeons from our accredited facilities involved in all our committees in order to broaden our perspectives, get new ideas, and develop future leaders of the Association. If you are interested in participating on a committee, please complete this form and mail/fax to: **AAAASF Office - Fax: 847-775-1985** P.O. BOX 9500 • 5101 Washington Street, Suite 2F • Gurnee, IL 60031

Name and Title: _____ Years in Practice: _____

AAAASF Facility Name or #: _____

Address: _____ City: _____ State: ____ Zip: _____ Telephone: _____

Fax: _____ E-mail: _____

Check the box next to the Committee that you are interested in:

If selected, you will be contacted by AAAASF staff. Thank you for your interest in serving as an AAAASF Committee member!

☐	Standards	☐	Technology	☐	Reimbursement	☐	Education
☐	Legislative	☐	Publications	☐	Investigative	☐	Inspectors
☐	Accreditation	☐	QA/Peer Review				

Request for a Newsletter

If you wish to be included on our mailing list or you know of a medical specialist that has requested to be included, please complete this form and fax or mail to the AAAASF Office.

Name _____

Title or Specialty _____

Facility Name _____

Facility Address _____

Telephone _____

Fax _____

E-mail

Fax to: 847-775-1985 or email all required information to: info@aaaasf.org

THE ASF SOURCE
Ambulatory Surgery Facilities

P.O.BOX 9500
Gurnee, IL 60031
1-888-545-5222 (toll free)
847-775-1970
fax: 847-775-1985

ASF Source News You Can Use

As proponents of Malignant Hyperthermia education, US WorldMeds, the makers of generic dantrolene sodium for injection, offer several value-added services including in-servicing vials and free online MH Training. Please visit: www.ds-iv.com/resources.htm for more information.

ANNUAL FEES FOR REGULAR ACCREDITATION			
		CLASS	
Specialists	Specialties	A	B, C, C-M
1 - 2	1 - 2 specialties	$750	$1,105
3 - 5	1 - 2 specialties	$1,045	$1,545
3 - 5	3 or more specialties	$1,325	$1,820
6 - 9	1 - 2 specialties	$3,390	$4,100
6 - 9	3 or more specialties	$3,655	$4,360
10	1 - 2 specialties	$4,785	$6,045
10	3 or more specialties	$5,045	$6,885

ANNUAL FEES FOR MEDICARE CERTIFICATION		
		CLASS
Specialists	Specialties	B, C
1 - 2	1 - 2 specialties	$1,655
3 - 5	1 - 2 specialties	$2,095
3 - 5	3 or more specialties	$2,370
6 - 9	1 - 2 specialties	$4,625
6 - 9	3 or more specialties	$4,885
10	1 - 2 specialties	$6,570
10	3 or more specialties	$7,410

Inspection fees: $500 for *New facility (*New facility refers to a brand new location where no cases have been performed, this inspection is required in Florida, California and New york for all facilities that currently do not hold state licensure or other accreditation at the time of application.), as well as $950 for regular or $2150 for Medicare inspections in addition to the annual fee schedule.