

## **Resolving a Count Discrepancy in the Free-Standing Ambulatory Surgery Centers (ASC)**

The information below can be used by perioperative personnel when developing policies and procedures for their health care organization.

More often than not, free-standing ambulatory surgery centers (ASCs) do not have radiology services onsite. Because of this, it is necessary to have processes in place when there is a count discrepancy. Policies and procedures provide ASC personnel with a systematic guide to follow when resources may be limited or when procuring those resources puts patients at risk for compromising a standard of care. In an ASC that is regulated by the Centers for Medicare and Medicaid Services (CMS), ASC managers are required to have contracted services with a radiologist and radiology services.

Surgeons may also have radiologic privileges to read and interpret their own films. Depending on the facility's resources, resolving a count discrepancy may include using fluoroscopy to locate the retained item with interpretation performed by a physician on staff who has been credentialed and granted privileges to do so. It also may require transferring the patient to the postanesthesia care unit (PACU) or another facility with radiographic capabilities. The Ambulatory Supplement located in AORN's "Recommended practices for prevention of retained surgical items" provides guidance for ASC and office-based surgery facilities when reconciling count discrepancies.