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AAAHC

- ▶ Well suited for outpatient settings
- ▶ Over 6700 facilities
- ▶ Established in 1979
- ▶ Diversified into education
- ▶ Awarded renewal of deemed status in December 2024



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Deemed Status Mystery


- ▶ New licensed facility wanting to see and be reimbursed for Medicare patients
- ▶ Surveys look at compliance with the Federal Standards including life safety
- ▶ Success earns your CCN (Medicare) number
- ▶ Should you roll the dice with your state after you have your CCN number?

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Pluses for Non Deemed Accreditation

- ▶ Less expensive
- ▶ More flexibility on visit dates
- ▶ Fewer standards
- ▶ Generally, 1 surveyor



Notice of Accreditation Survey

Name of Organization:
 This is an ambulatory care organization
 The facility address is _____

State: _____

Address: _____

City: _____

State: _____

Country: _____

Zip: _____

Telephone: _____

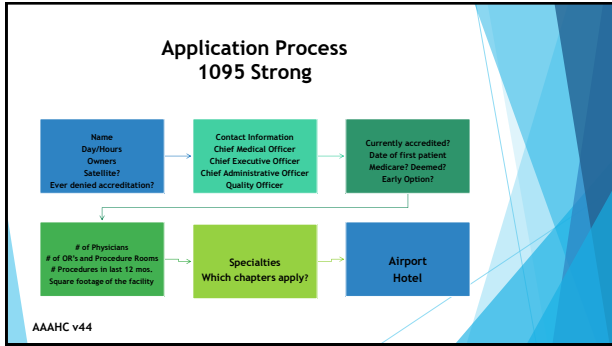
Fax: _____

State This Notice Was Issued: _____

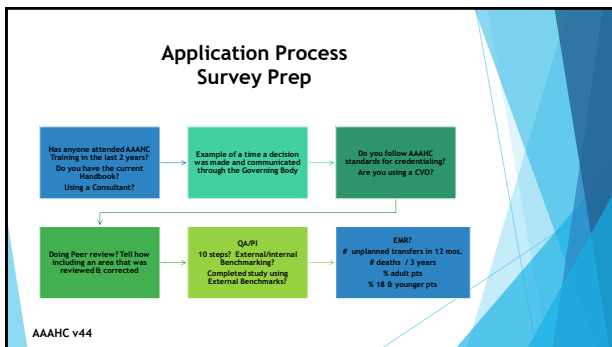
Date: _____

Signature: _____

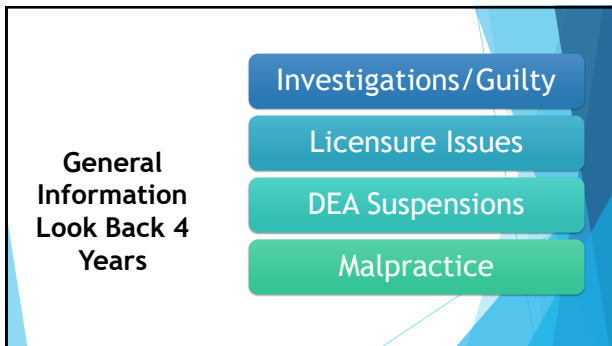
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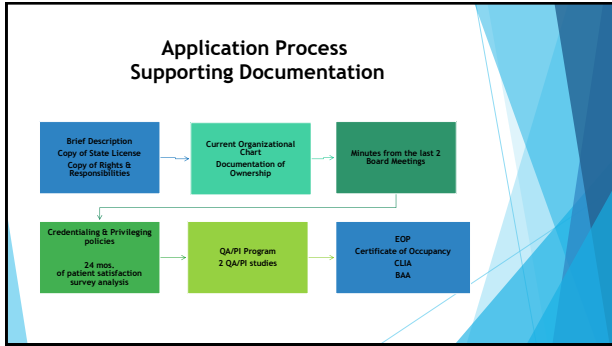
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Attestation & Payment

Chief Medical Officer

Chief Administrative Officer

\$800.00 to \$1425.00
Application fee only!

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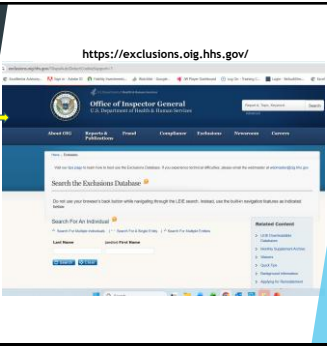
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- ### ADM Administration
- ▶ 15-day notification
 - ▶ AAAHC sign posted
 - ▶ GB approve all management policies & procedures
 - ▶ Personnel files complete including signed job description/completed in 30 days, locked up
 - ▶ Meeting min including education (annually)
 - ▶ Fiscal controls in place and backed up with policies & procedures
 - ▶ Mission and Goals
 - ▶ Training on adverse events, workplace violence, employee appraisals, I-9, orientation (safety program, exposure control, sharps injury, fire safety, EOP, HIPAA), Patients Rights, offer Hep B.

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ADM Administration


- ▶ Run OIG report on staff
- ▶ Policy and training for laboratory specimens and biological products including logging, tracking, reports to providers
- ▶ Who is in-charge of the drugs? Is Medical Director a good choice?
- ▶ Students need written agreements - include definition of "close and adequate supervision"



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ASG Anesthesia & Surgery

- ▶ Written policies address anesthesia including H&P, and patient examination?
- ▶ Patient selection process, post procedure care, how staffing is set up?
- ▶ Qualified staff person present until patient medically discharged?
- ▶ Deeper than intended level of sedation policy?
- ▶ Provider performing the procedure can not be the same person administering sedation, marking of the site can be done in preop
- ▶ Do you store blood or just transfer?
- ▶ Policy on time out?
- ▶ Pediatrics?



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Surgical Services Areas of Concern

- ▶ Diverse of surgical services should be on the job description of the Medical Director
- ▶ Physician present or immediately available by phone if patient in facility
- ▶ Assessment for the risk of DVT
- ▶ Removal or covering of patients clothing, unless non-sterile procedures
- ▶ Scrubs from home
- ▶ Laser policies specific to unit and overseen by Medical Laser Safety Officer
- ▶ Complete documentation for lithotripsy



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ASG Anesthesia & Surgery

Map of the United States showing ASG (Anesthesia & Surgery) accreditation status by state. States are color-coded: green for Accredited, red for Not Accredited, and blue for Accredited with Conditions. A legend in the bottom right corner explains the color coding.

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Anesthesia Areas of Concern

- ▶ Equipment maintenance
- ▶ RN's officially trained on conscious sedation
- ▶ Pharmacy issues with providers
 - Counts
 - Single dose vials
 - Swabbing new vials
 - Pre-filling syringes

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Anesthesia To Do's

- ▶ Double-check DOP
- ▶ Delegate who will oversee the program
- ▶ Consent completion
- ▶ Decide on emergency drugs and equipment; AED or defibrillator?
- ▶ Chart audits to match with policy
- ▶ Pain assessment plan
- ▶ 1 ACLS person on staff

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CMC Care Management & Coordination

- ▶ Medication reconciliation
- ▶ Post op instructions
- ▶ Policy on assessment & management of acute pain



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CPV Credentialing/Privileging

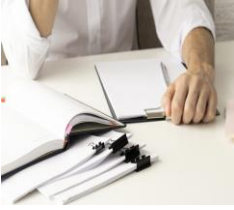


- ▶ Process defined in either bylaws or policy
- ▶ Temporary privileges may not be the answer
- ▶ Governing Body **MAY** delegate the review of the credentialing applications, **not** the approval!
- ▶ Ongoing monitoring often problematic
- ▶ Solo practitioners often problematic
- ▶ Peer review expected per policy
- ▶ Ongoing monitoring expected, use for internal benchmarking
- ▶ DOP - Don't forget anesthesia oversight

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CPV Credentialing/Privileging



- ▶ Must be specific to your facility
- ▶ Timing should be perfect
- ▶ AAAHC elements are very specific
- ▶ Applications must be dated and signed
- ▶ NPDB and AMA are great problem solvers
- ▶ References for Initial
- ▶ Peer review for renewals

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CRD Clinical Records

- ▶ Designated person in charge of records and or EMR
- ▶ Monitoring on a regular basis
- ▶ Security - unauthorized access EMR or paper (Policy)
- ▶ Release upon request (Policy)
- ▶ Destruction/retirement (Policy)
- ▶ Medications given
- ▶ Discharge diagnosis, disposition, instructions (signed by patient or driver)
- ▶ Missed or cancelled appointments, texts, phone calls all documented
- ▶ A summary page for 3 or more visits



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CRD Clinical Records



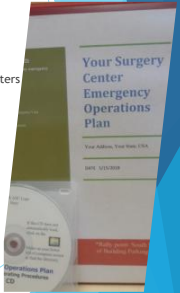
- ▶ Areas of Concern:
 - ▶ Timely transmission of reports to outside providers if they are elsewhere - this is a two-way situation
 - ▶ Most frequent citation - **allergies** without reactions
 - Must include medications, food, OTC, materials, environmental factors in a consistent location
 - Inconsistent use of NKDA vs NKA
 - Nurses and anesthesia don't always agree

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EMG Emergency Management

- ▶ Have an Emergency Operations Plan covering internal and external disasters
- ▶ Participate in community drills if possible
- ▶ Internal scenario drills quarterly
- ▶ CPR drill annually
- ▶ Written review and corrective actions if needed
- ▶ MH Drill annually and policies if triggering agents present
- ▶ Protocols posted for MH
- ▶ Emergency transfer plan



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FAC Facilities and Equipment

- ▶ Occupancy certificate
- ▶ Policies for safety and security
- ▶ No smoking signs
- ▶ Facility is clean and well maintained
- ▶ Fire extinguishers present and being checked monthly
- ▶ Equipment being checked and documented per the instructions for use for each, dictated by policy

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GOV Governance

- ▶ Develops an organizational chart and approves all parties in their position
- ▶ Approves products sold to patients
- ▶ Designs the scope of services and population served (including anesthesia)
- ▶ Designs risk management program
- ▶ Approves the Infection Control, safety program, and QA/PI
- ▶ Annually reviews and approves all contracts
- ▶ Annually reviews AAAHC requirements
- ▶ Reviews patient satisfaction reports and necessary corrective actions


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GOV Governance Appointees

- ▶ Governing Body Members
- ▶ Medical Director
- ▶ Privacy Officer
- ▶ Infection Preventionist
- ▶ Safety Officer
- ▶ Director of Nursing
- ▶ Interim for Medical Director/DON
- ▶ Director of anesthesia
- ▶ Director of surgical services
- ▶ Urologists to oversee lithotripsy
- ▶ Pharmacy Director

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IPC Infection Control Areas of Concern



- ▶ IP training not current or relevant to sterilization or cleaning, especially when using pouches
- ▶ Failure to follow IFU's
- ▶ Construction Risk Assessment - FGI <https://fgiguidelines.org/resource/chd-safety-risk-assessment-toolkit/>

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IPC Infection Prevention & Control

- ▶ Sharps program - secure sharps containers
- ▶ References for policies & procedures
- ▶ Infection control plan and risk assessment (annually)
- ▶ Cleaning policy and vendor training
- ▶ Hand hygiene and surgical scrub policy
- ▶ Policies re identification of persons authorized to be in patient care areas, adequate surveillance to minimize sources of infections, list of reportable diseases. Patients with possible communicable may need isolation and or a referral
- ▶ Attire for those in the OR is outlined as well as patient attire


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LRD Lab & Radiology



- ▶ CLIA certificate/waiver
- ▶ All staff trained on equipment and a competency performed
- ▶ Quality Controls per IFU being performed
- ▶ New equipment is validated prior to patient use
- ▶ If your facility does not perform lab or radiology, state so in a GB meeting or a policy. If you do, make sure you have the proper signage in place and pregnancy testing available


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MED Medication Management

- ▶ Policy defines processes for safe handling and administration
- ▶ Policy, procedures, and monitoring high alert and confused drug names
- ▶ If you have high alert drugs, keep the reversal agent in the same area
- ▶ Policy should indicate no pre-signed prescriptions for meds
- ▶ Storage of meds is a secure area with very limited access
- ▶ Written policy on how to label a syringe not expected to be used within 4 hours
- ▶ Vaccine storage must have a policy and follow nationally recognized standards

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MED Medication Management Triggering Agents

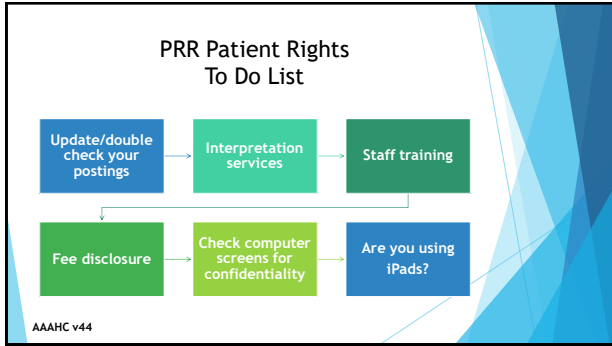
- ▶ Inhaled general anesthetics
- ▶ Halothane
- ▶ Desflurane
- ▶ Enflurane
- ▶ Ether
- ▶ Isoflurane
- ▶ Sevoflurane
- ▶ Succinylcholine

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PRR Patient Rights & Responsibilities

- ▶ Patients are informed of their responsibility to provide a responsible adult to provide transportation home and then to remain with them as directed by the provider or as indicated on discharge instructions
- ▶ Medications = over the counter products, dietary supplements as well. Include allergies with reactions for all
- ▶ Staff need to read the Rights and Responsibilities - the surveyor likely will ask!
- ▶ Patients have the right to a language they can understand and assistance if deaf or visually impaired

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QUA Quality

- ▶ Must have a written program that is evaluated annually
 1. Statement of Purpose/Objectives
 2. One physician or dentist on the committee
 3. Describe Data
 4. Show Data
 5. Analysis of Data
 6. Compare to internal benchmarks
 7. Corrective Action
 8. Remeasure on an ongoing basis
 9. Additional Corrective Action may be needed
 10. Communicate results to GB

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QUA Quality

- ▶ Peer review is now a big part of the AAAHC Quality Program as is infection control and risk management
- ▶ It is expected to utilize patient satisfaction reports, marking of the surgical site, time out practices just to name a few ideas. Obviously, incident reports and employee concerns would be very much involved

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QA/PI
Areas of
Concern

- No annual review
- Not just quality activity
- Unclear goals
- No Benchmarking
- Re-measurement not apples to apples

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QUA Quality
Benchmarking Opportunities




<https://www.ascquality.org/qualityreport>

- Burns, falls, transfers, admissions
- State organizations
- AAAHC
- Associations

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QUA Quality
Risk Management



- Risk management program includes written policies.....
 - Patient dismissal from care
 - Incapacitated HCW/HCP
 - Impaired HCW/HCP
 - After hours care and documentation
 - Observers - patient consent

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QUA Quality Risk Management




- Near miss/adverse events
- Reportable events
- Facility/HCP litigation/insurance co
- Patient complaints
- Review of clinical records and policies

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Overnight Care and Services




- ▶ A few things to remember.....
- Governing Body to appoint a physician to supervise the program (DOP)
- Providers who admit patients must have been approved by the Governing Body to do so (DOP)
- Must have a transfer agreement or ASC admitting physicians must also have hospital admitting privileges.

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SAF Safety

- ▶ Tags to the risk management program
- ▶ Process to identify hazards, threats, near misses, safety concerns (risk assessment)
- ▶ Examples include medication errors, falls, skin & tissue injury
- ▶ Risk assessment for hazardous materials and waste
- ▶ Recall policy?
- ▶ Temperature monitoring for OR's, med room, medication fridge etc.
- ▶ We have discussed fire drills and a bit of fire safety, are the fire extinguishers blocked by a wheelchair or a cabinet that someone would have to reach over?



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SAF Safety Areas of Concern

- ▶ Hallways not clear
- ▶ Drill documentation is weak, so the value of the drill is often diminished
- ▶ Monthly fire extinguisher check not logged
- ▶ Is emergency lighting being checked
- ▶ Do the exit signs light up in case the lights go out
- ▶ Is the parking lot clear so a senior can safely get in their car
- ▶ How closely are you monitoring expiration dates on medications, reagents, solutions and supplies
- ▶ Medical devices should be cleaned prior to sending out for service

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Feel free to contact me for further discussion or questions.

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