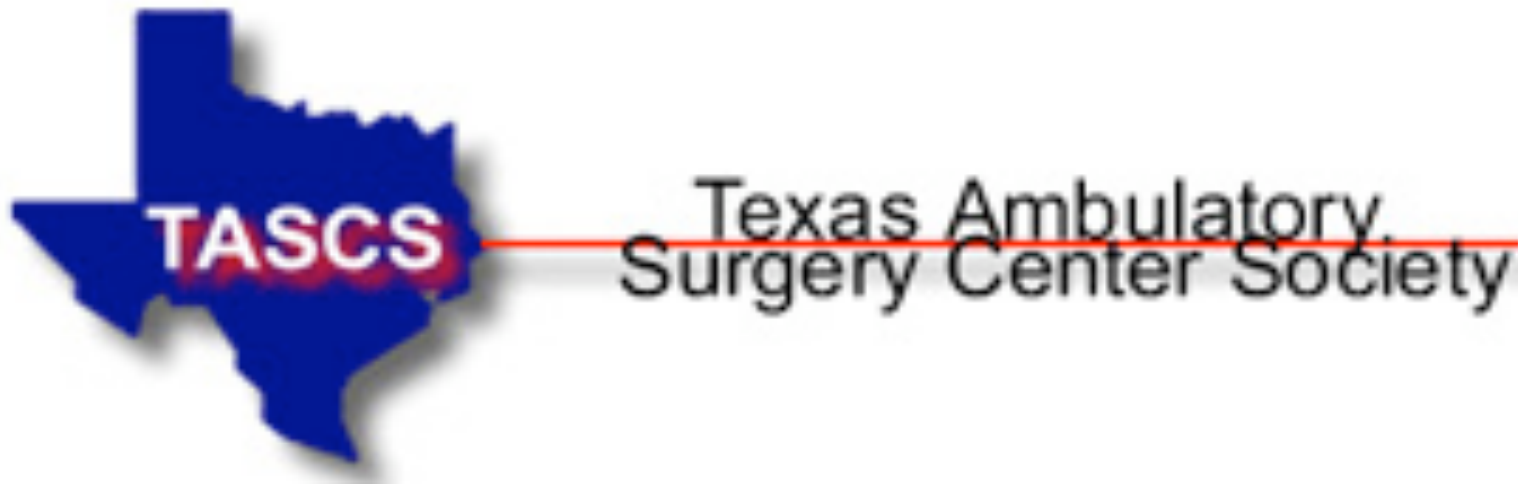


Welcome to Accreditation Update

2011 Annual Conference



Guest Speaker

Ray Grundman, MSN, MPA, CASC

***AAAHC Senior Director –
External Relations***

AAAHC Surveyor

AAAHC - Past President



Presentation Outline

- **Staying Current with CMS Conditions for Coverage**
- **What Do Surveyors Look for to Determine Compliance**
- **Preparing for Accreditation or Re-Accreditation**
- **2012 Update**
- **Q & A**

Preparing for an AAAHC/ Medicare Deemed Status Survey

Tools for Compliance with CMS/ Medicare Conditions for Coverage

1. AAAHC Handbook, pp. 184-214, **Cross-walk between AAAHC standards and CMS Conditions for Coverage. What is a CMS *Condition* vs. a CMS *Standard* .**
2. AAAHC Handbook, a CMS box at the end of each standard that is a cross-walk with CMS, and ***Blue italic standards*** at the end of the chapter for additional CMS-only standards

Tools for Compliance with CMS/ Medicare Conditions for Coverage

- 3. AAAHC Physical Environment Checklist (PEC) is cross-referenced with the NFPA Life Safety Code**
- 4. Worksheets and Forms in Handbook pp. 134-167 with CMS boxes**
- 5. Resources for each chapter, pp. 170-173**
- 6. Glossary and Useful Terms, pp. 174-180**

CMS *Condition* Level Requirements

There are 14 *Condition* level requirements.

1. 416.25 see AAAHC 10. sub-I.*MS*
2. 416.40 see AAAHC 2. sub-I.A-*MS*
3. 416.41 see AAAHC 2. sub-I.B-*MS-1*
4. 416.42 see AAAHC 10. sub-I.C-*MS*
5. 416.43 see AAAHC 5
6. 416.44 see AAAHC 8
7. 416.45 see AAAHC 2. sub-II. A
8. 416.46 see AAAHC 10. sub-I.H-*MS*
9. 416.47 see AAAHC 6
10. 416.48 see AAAHC 11. A.
11. 416.50 see AAAHC 1.F-*MS(1)*
12. 416.51 see AAAHC 7. sub-I
13. 416.52 see AAAHC 10. sub-I. D-*MS*
14. 416.49 see AAAHC 12 (Lab) and 13 (Radiology Services)

What do Surveyors Look for to Determine Compliance

1. **416.25 - AAAHC 10. sub-I. MS** *Meet the basic requirements and CMS definition of an ASC.*
2. **416.40 – AAAHC 2. sub-I. A-MS** *Comply with State license requirements.*
3. **416.41 – AAAHC 2. sub-I. B-MS(1)** *The ASC must have a governing body that takes full legal responsibility, has oversight and accountability. Has approved the QI Plan, Infection Control Plan, Disaster Plan in meeting minutes.*

What do Surveyors Look for to Determine Compliance

4. **416.42 – AAAHC 10. sub-I. C-MS *Surgical procedures performed safely and by individuals credentialed and privileged by the governing body. Review credential files.***
5. **416.43 – AAAHC 5. *All of Chapter 5 applies; peer review, quality improvement, and risk management. Peer review should include all practitioners. QI studies should show performance improvement and include some benchmarking. Risk management includes annual staff training, and policies on visitors, incapacitated provider, impaired provider, correct site and time-out.***

What do Surveyors Look for to Determine Compliance

6. **416.44 – AAAHC 8.** *A functionally safe and sanitary environment for patients, staff and visitors. Documented emergency drills quarterly, at least one CPR. PM logs on all equipment, temperature monitoring: drugs, soaking solutions.*
7. **416.45 – AAAHC 2. sub-II. A.** *The medical staff must be accountable to the governing body. Check the preamble to your Bylaws. Mechanism for credentialing and privileging **every 24 months.***

What do Surveyors Look for to Determine Compliance

8. **416.46 – AAAHC 10. sub-I. H-MS(1).** *The nursing services must be directed and staffed to assure the nursing needs of all patients are met. Looking for RN's with appropriate education/training in sufficient numbers and supervised.*
9. **416.47 – AAAHC 6.** *All of Chapter 6 applies. A letter standard scored NC will make the entire chapter PC. Patients with multiple visits need a summary sheet.*

What do Surveyors Look for to Determine Compliance

10. **416.48 – AAAHC 11. A.** *Pharmaceutical services are provided in a safe and effective manner. Pharmacist consultant not required but highly recommended. Look for outdates, address look-alike-sound-alike drugs, proactive monitoring of recalls, safe injection practices.*
11. **416.50 – AAAHC 1. F-MS.** *Patient rights – include all elements of the standards and additional CMS requirements. Patient prior notification with advanced directives, financial ownership disclosure, patients rights and responsibilities.*

What do Surveyors Look for to Determine Compliance

- 12. 416.51 – AAAHC 7. sub-I. *Infection prevention and control. National guidelines, clinical director, board approval, surveillance program on hand hygiene and safe medication practices. Instrument and equipment cleaning and processing. Log books. Observe staff during I.V. start, during surgical procedure, room turnover.***
- 13. 416.52 – AAAHC 10. sub-I. D-MS. *Patient pre-surgical, post-surgical and discharge assessment documentation. Physician signature with discharging RN.***

What do Surveyors Look for to Determine Compliance

14. 416.49 – AAAHC 12 (Lab) and 13 (Radiology), as appropriate. *CLIA waiver. Pathology log book with chain of custody and date report received. A Radiologist must be credentialed to your medical staff if ionizing radiation sources are in use (pp. 116 of 166 of CMS Interpretive Guidelines ; §482.26(c)(1).*

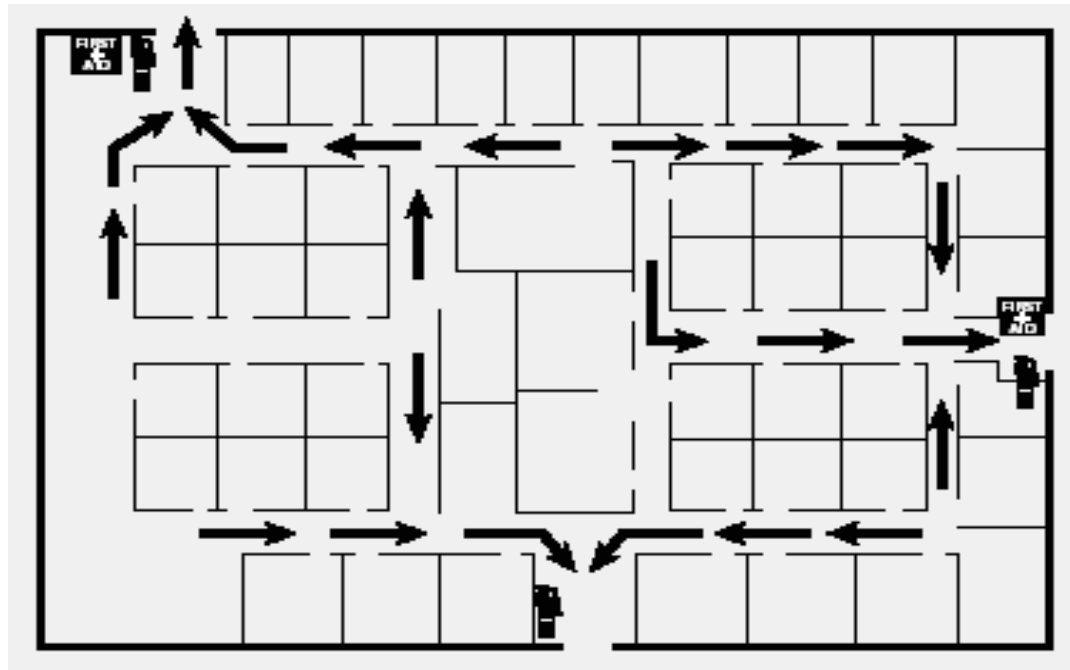
What do Surveyors Look for to Determine Compliance, PEC

On the Medicare surveys, there are several items from the Physical Environment Checklist (PEC) that the centers should pay particular attention to. These are;

- **PEC item 2.1 Construction type/fire protection**
 1. **The overall building shell has only one story that is less than ½ buried, or**
 2. **Every space of every story of the overall building shell is protected by a supervised automatic fire sprinkler system, or**
 3. **Every structural membrane in the overall membrane shell is enclosed with fire resistive material .**

PEC

PEC Item 3.17 Number of Exits from the ASC



PEC

PEC Item 3.17 Exit Signs



PEC

PEC Item 6.1 Hazardous Area Protection



PEC

PEC Item 7.1 Medical Gas Cylinder Locations As of March 11, 2003 , considered “New”.



PEC

PEC Item 8.26

Restricted Access to Alternate Source Circuit Breakers



PEC

PEC Item 8.3

Essential Electrical System (EES) Maintenance Records On-Site

The image shows a 'MAINTENANCE RECORD' form with a header containing a house icon and a key icon. The form is divided into several sections, each with a blue header and a table for recording data. The sections are:

- SECTION 1: [Section Header]
- SECTION 2: [Section Header]
- SECTION 3: [Section Header]
- SECTION 4: [Section Header]
- SECTION 5: [Section Header]
- SECTION 6: [Section Header]
- SECTION 7: [Section Header]
- SECTION 8: [Section Header]

Each section contains a table with columns for 'Date', 'Description', and 'Status'. The form is designed for tracking maintenance activities over time.

The image shows the cover of a 'SMOKE DETECTOR MAINTENANCE LOG BOOK'. The cover is white with a black border. The title 'SMOKE DETECTOR MAINTENANCE LOG BOOK' is centered at the top. Below the title, there are three horizontal lines for entering information:

- Building Name
- Address
- Date

At the bottom of the cover, there is a small line of text: '100 Pine Safety Institute - 481 Eighth Avenue, Suite 8070, New York, NY 10022 - (212) 210-4000'.

PEC

PEC Item 10.1

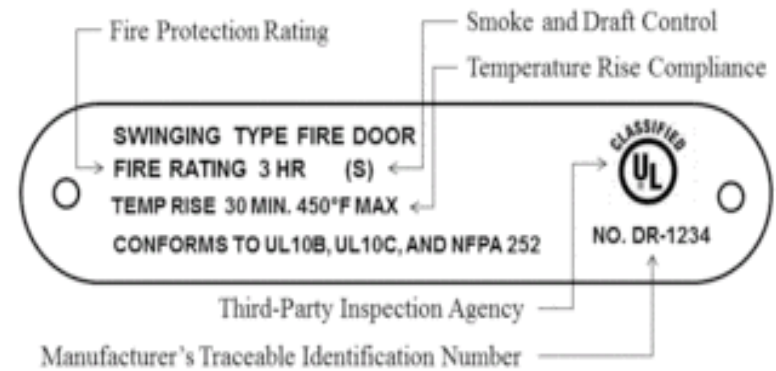
Manual Pull Fire Alarm

At Each Exit From the
ASC Occupancy

Not Less Than 5 Feet
From the Door



PEC

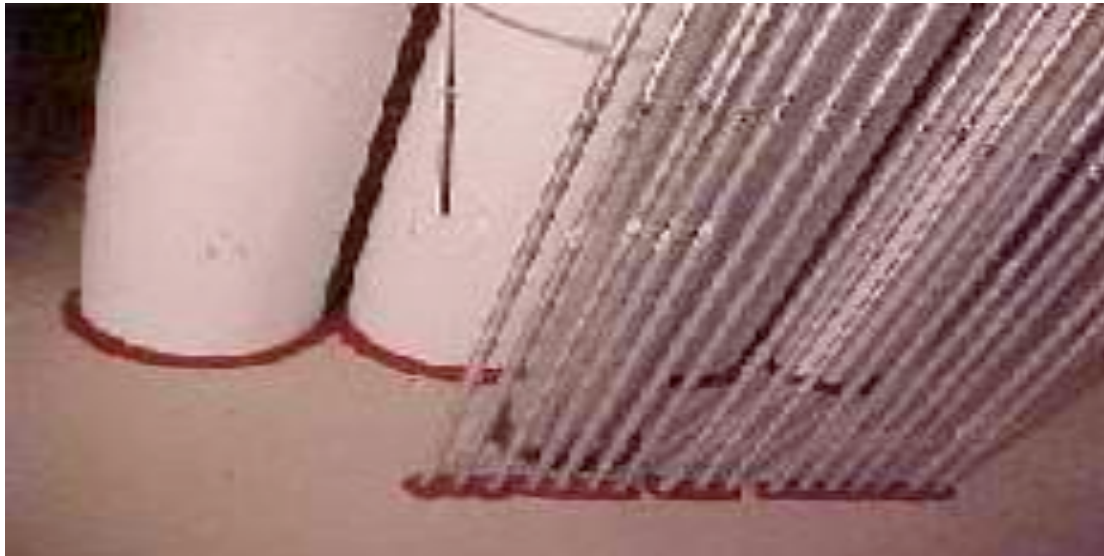


PEC Item 12.1 One-Hour Occupancy Separation

PEC

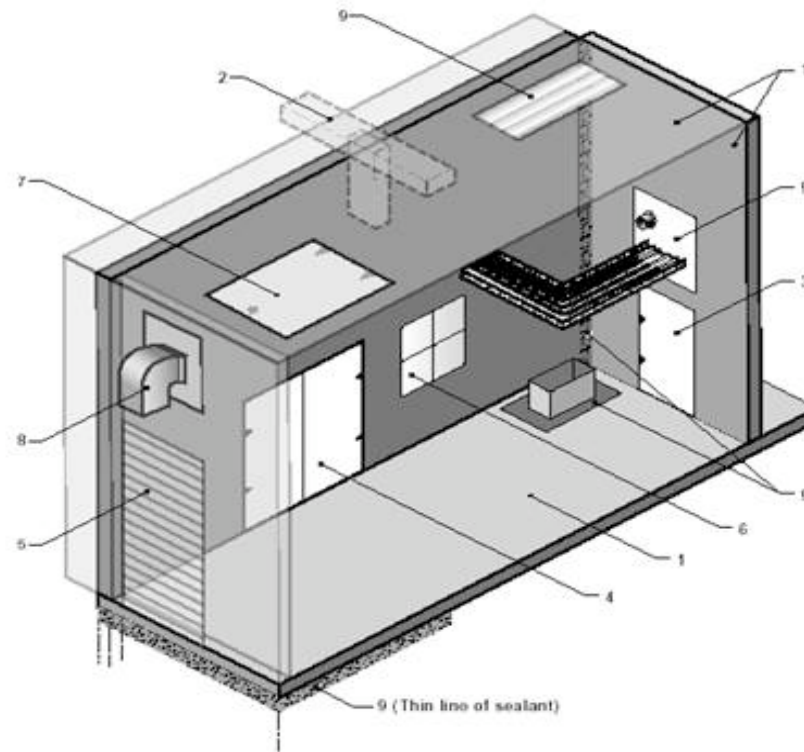
PEC Item 12.3 Fire Wall Penetrations

Probably the #1 item cited on LSC
Inspections



PEC

PEC item 12.4 & 12.5 Smoke barriers required and detail



PEC

PED Item 13.1 Portable Fire Extinguishers



PEC

PEC Item 16.2 Staff Response to Fire



PEC

PEC item 8.4 Essential Electrical System (EES) Requirement for Dual Sources



Up-coming Achieving Accreditation programs

- AAAHC “Achieving Accreditation” seminars held on quarterly at several locations
 - December 2 – 4, 2011 Las Vegas, NV
 - March 16 – 18, 2012 Orlando, FL
 - June 15 – 17, 2012 Portland, OR
 - September 14 – 16, 2012 Chicago, IL

2011 Survey of AAAHC Accredited Organizations

- **The Survey asked about:**
 - AAAHC accreditation
 - Value of the accreditation process
 - Overall rating of AAAHC products/services
 - Additional services that would be of value
 - Comparison of AAAHC with other accreditations
 - Familiarity with AAAHC Institute & its studies

Survey of AAAHC Accredited Organizations

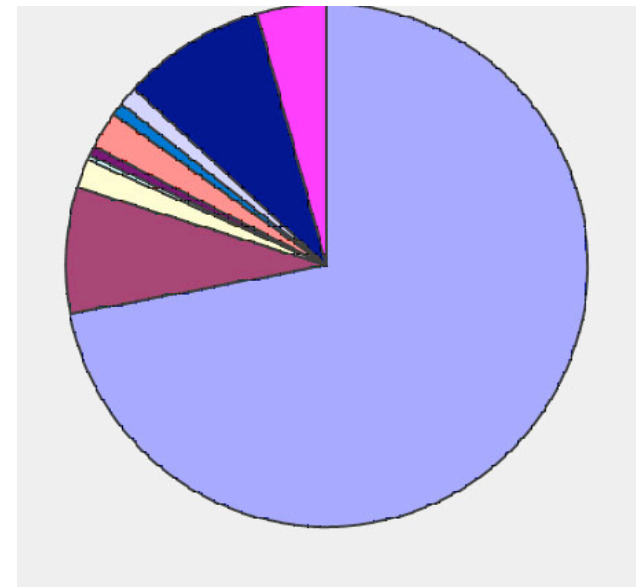
Top Line Results

- Response was overwhelmingly positive
- 98% will reaccredit with AAAHC
- Consistent praise for AAAHC professionalism, commitment to quality, high standards & collaborative survey process

Survey of AAAHC Accredited Organizations

Demographics

- Ambulatory surgery center (72%)
- Student/college health center (9%)
- Office-based surgery (8%)
- Military health clinic (2%)
- Medical group practice (2%)
- Community health center (1%)
- Managed care organization (0.8%)
- Dental practice (0.6%)
- Medical home (0.3%)
- Other (4.3%)



Survey of AAAHC Accredited Organizations

Why Did You Seek Accreditation?

- Improve quality of care (61%)
- Meet 3rd party requirements/liability (55%)
- Give organization competitive edge (49%)
- Attract best staff (25%)
- Meet professional society/state requirements (31%)
- Other (6.5%)

Survey of AAAHC Accredited Organizations

The Value of AAAHC Accreditation

Typical responses included:

- Improves the quality of care
- Inspires confidence in patients and others
- Meets requirements for Medicare, other public and private agencies
- Reference for QA/keeps organization abreast of the latest standards
- Tailored to the ambulatory setting
- Valuable input to improve the standards of care

Survey of AAAHC Accredited Organizations

The Value of AAAHC Accreditation

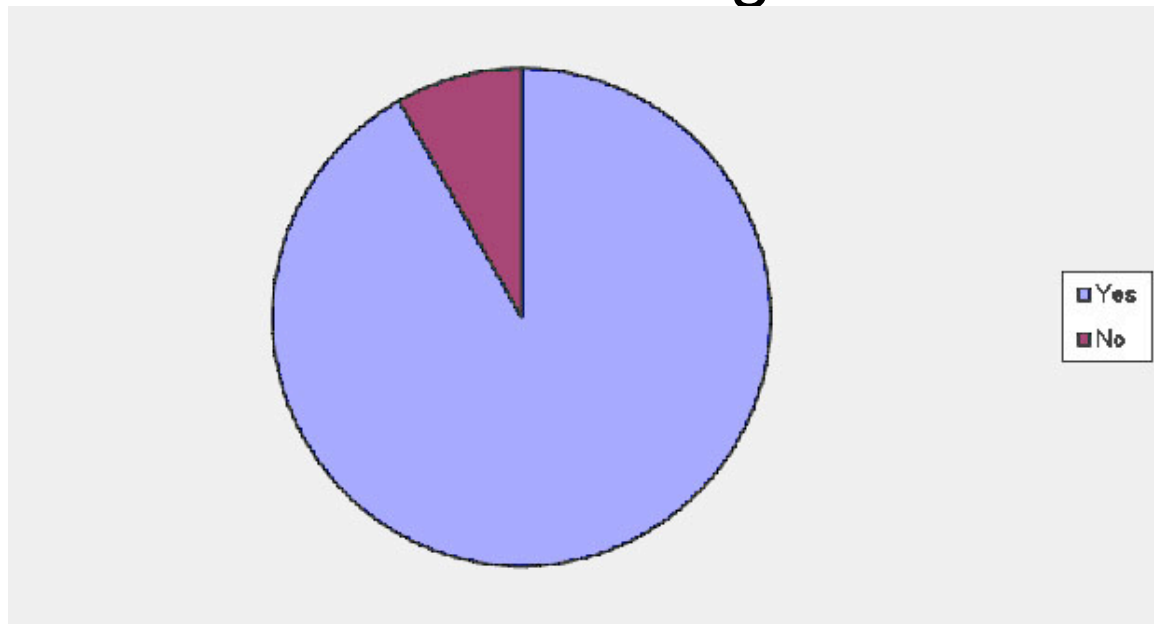
Typical responses included:

- Attracts quality staff
- Helps with reimbursement
- Sets organizations apart from their competitors
- Employs a respectful, collaborative approach to accreditation
- Gives the organization prestige, recognition and credibility
- Has surveyors who are experts in the field

Survey of AAAHC Accredited Organizations

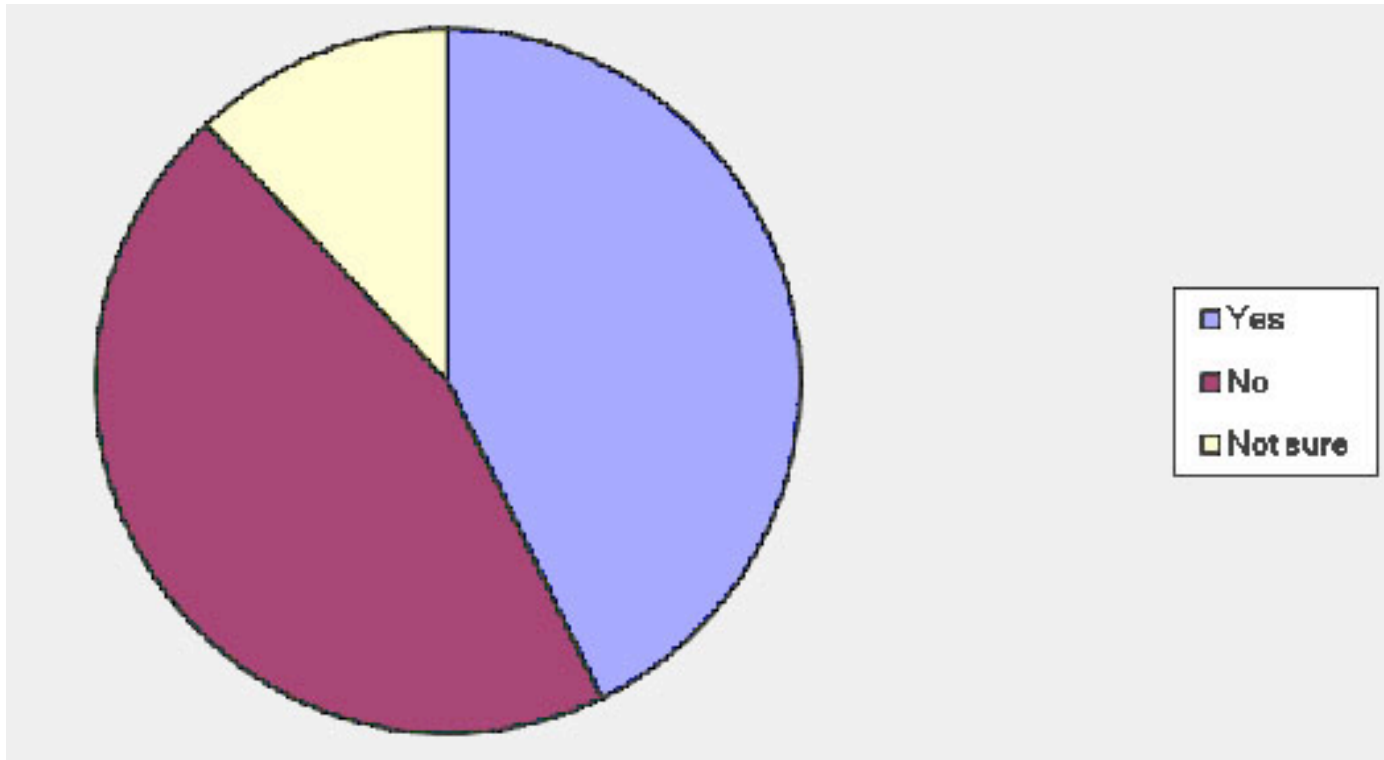
AAAHC Institute

- 92% are aware of the Institute & its benchmarking studies



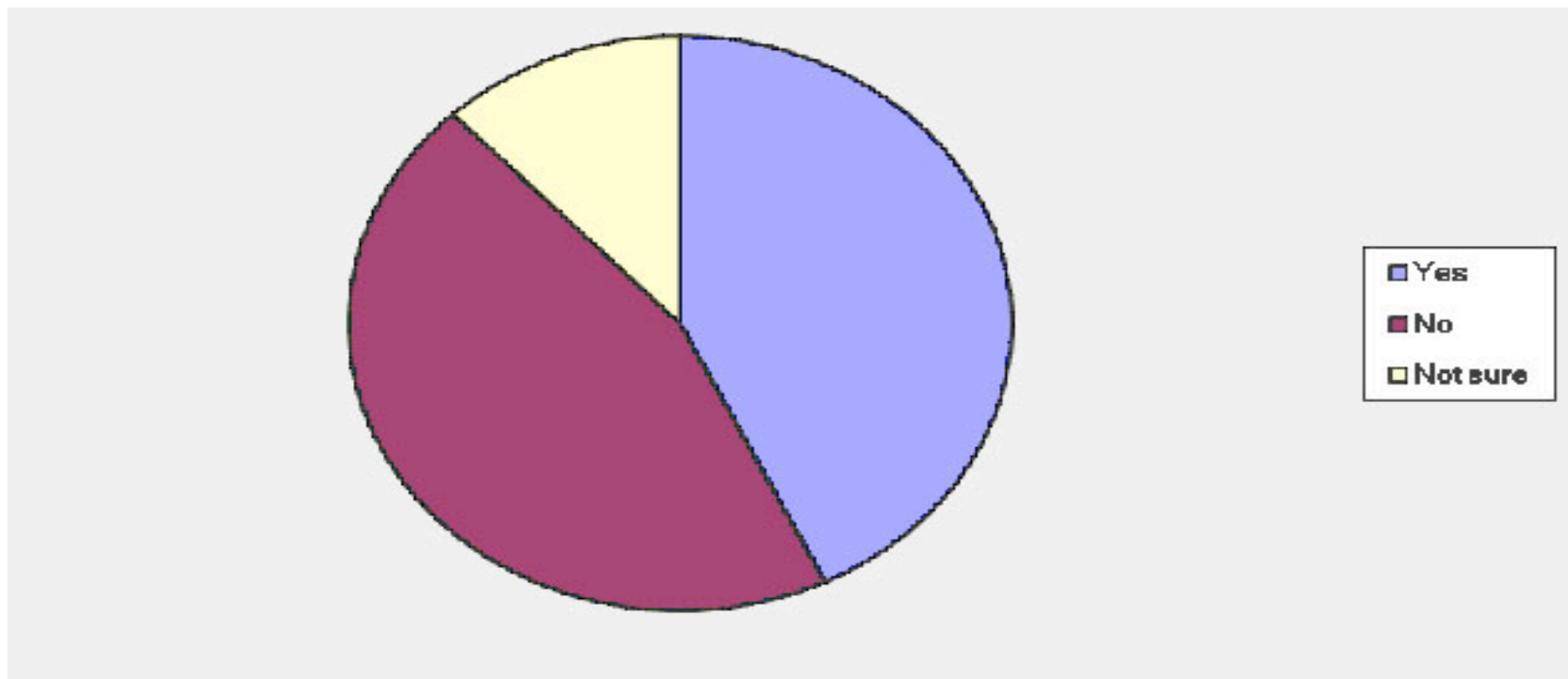
Survey of AAAHC Accredited Organizations

- 43% have participated in AAAHC Institute Studies, 35% have not (12% unsure)



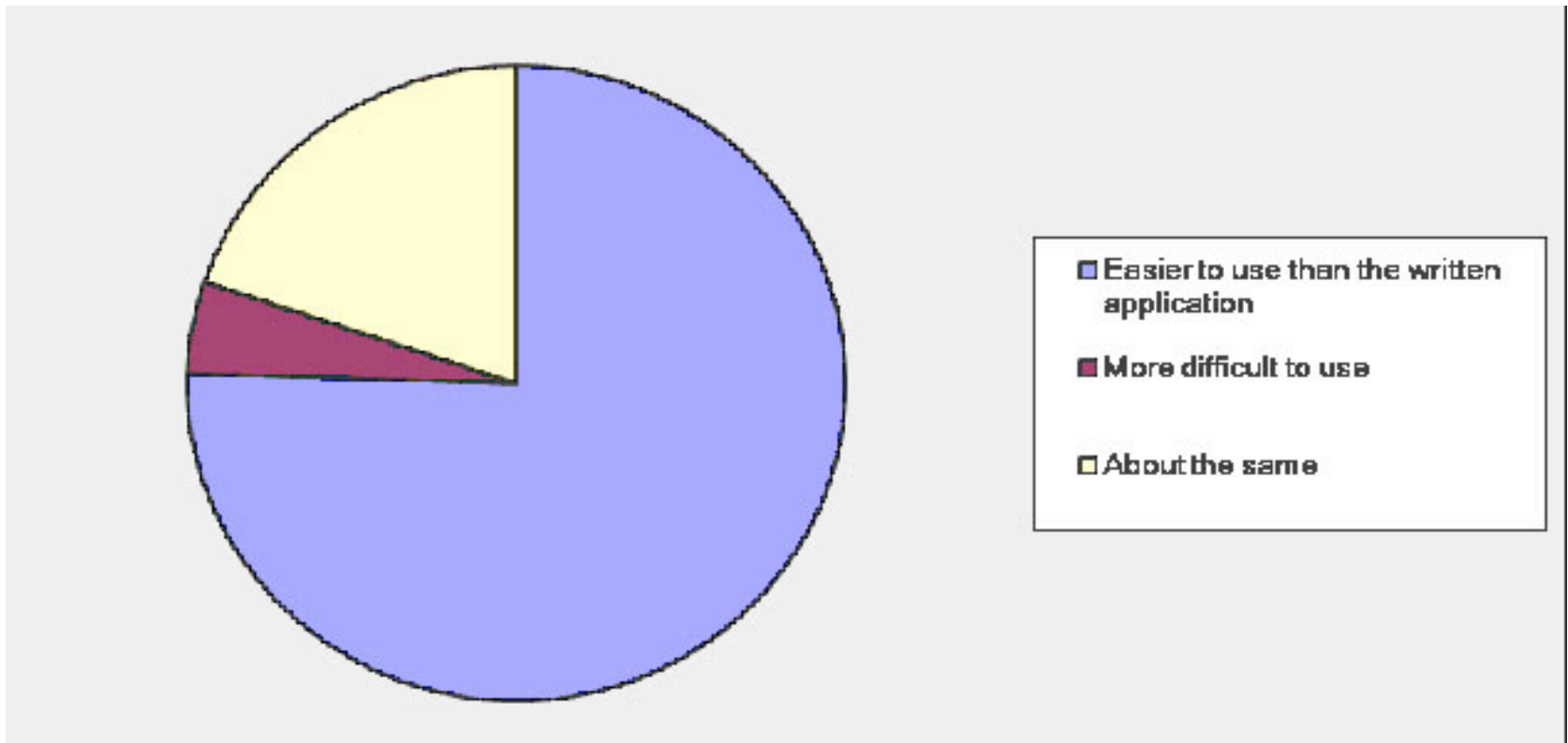
Survey of AAAHC Accredited Organizations

- 62% have used the AAAHC online application



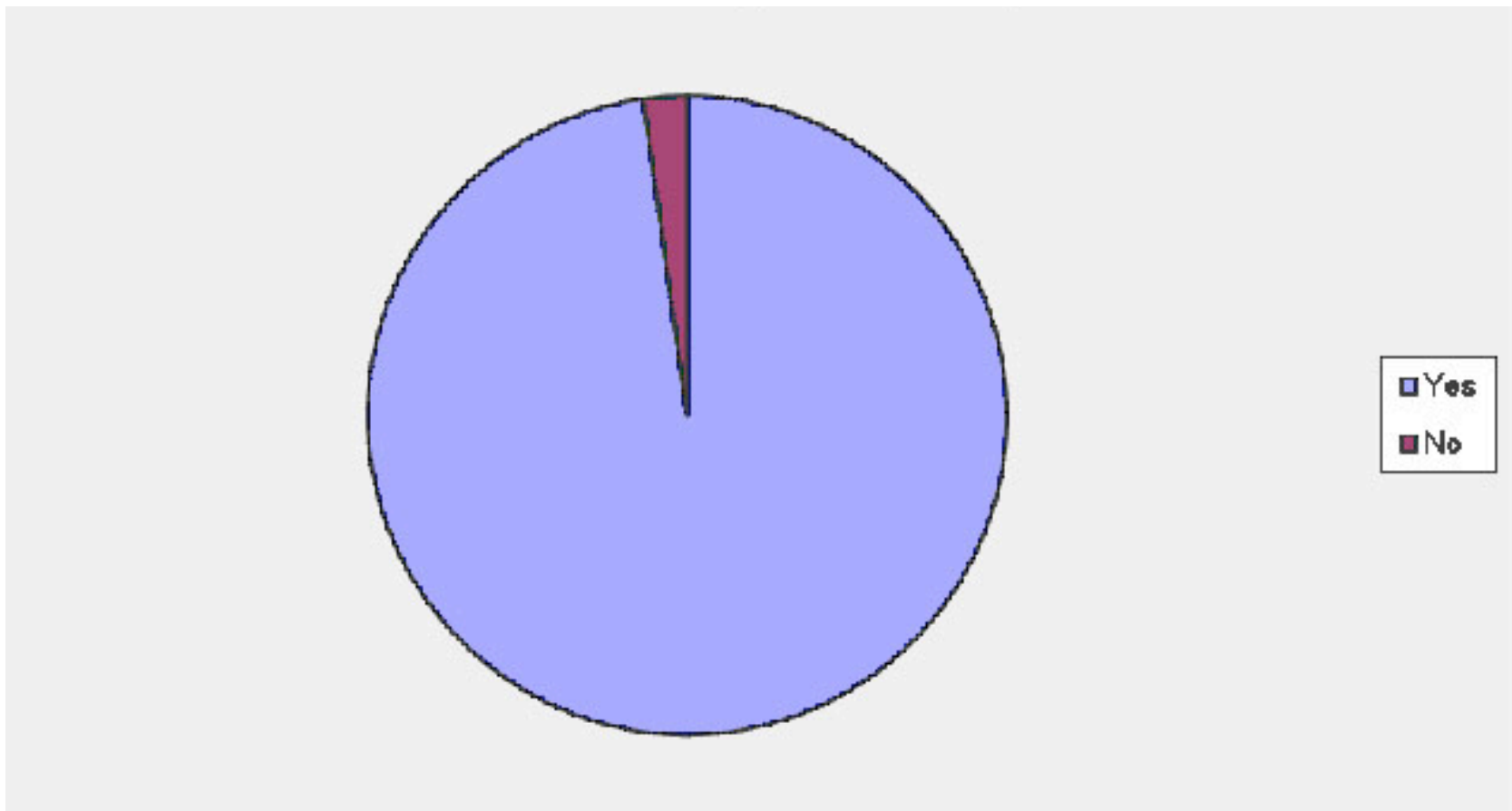
Survey of AAAHC Accredited Organizations

- 75% say online application easier to use; 5% more difficult to use and 20% about the same



Survey of AAAHC Accredited Organizations

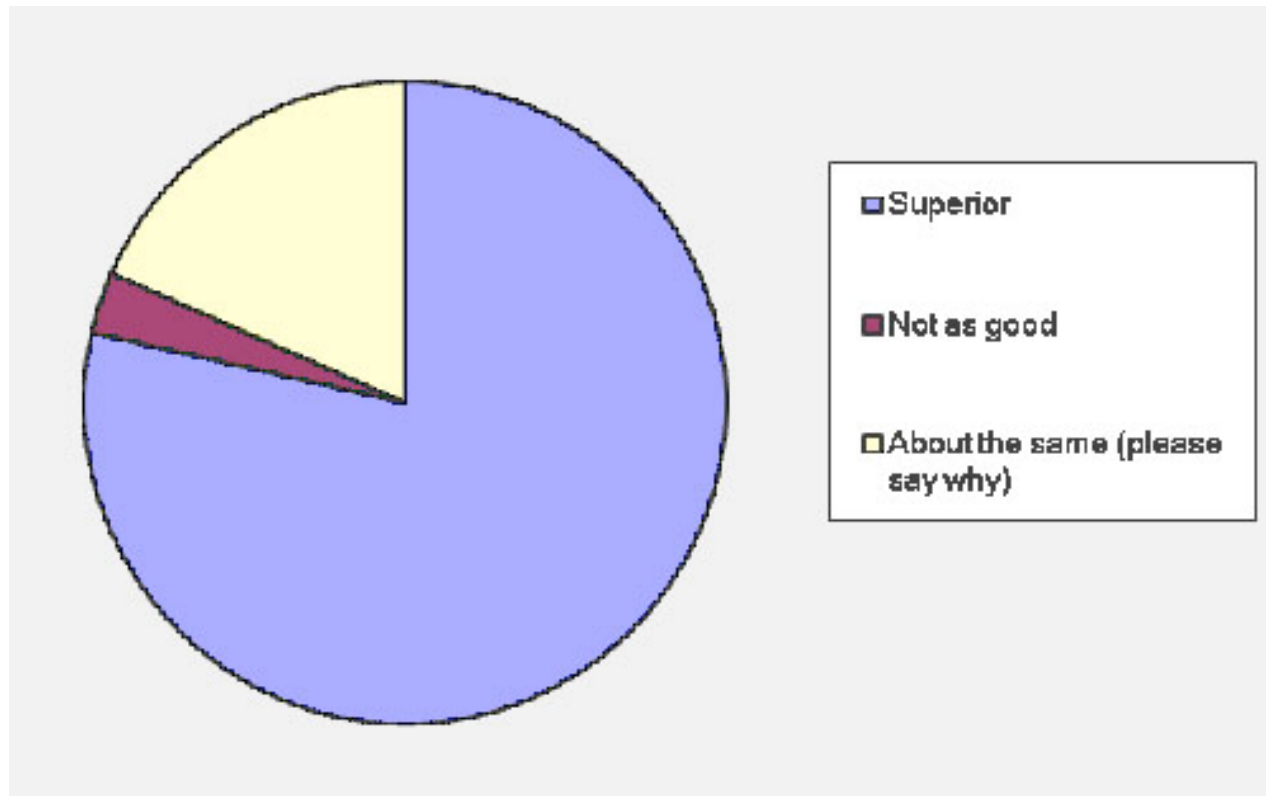
98% will seek reaccreditation with AAAHC



Survey of AAAHC Accredited Organizations

Comparison to Other Accrediting Organizations

78.5% say AAAHC is “superior”; 18.4% “about as good” and 3.1% “not as good.”



Internal Process Improvement

Board has established specific performance goals for release of:

- **decision letter & survey report in 10 working days**
- **Currently running 10-14 days for survey decision letters that do not require a plan of corrective action (CMS) and 30 days for survey reports.**

Internal Process Improvement

Reducing Variability Among Surveyors

- **Enhanced surveyor training and re-training with focus on consistency in interpretation of standards**
- **All CMS Deemed-Status surveys now scoped with 2 surveyors for enhanced peer review**
- **Medical Director oversight of surveyor performance**

Scheduling

- **Step 9: Scheduling the CMS mandated unannounced survey (within window of 90 calendar days) –**

The ***first*** day of the window begins after:

- app is complete
- blackout dates confirmed
- surgery days confirmed
- written confirmation 1st procedure performed

Scheduler will contact ASC with exact date of 90-day window.

The 2011 *Handbook* (cont.)

- **Step 10: Post the *Notice of Accreditation Survey***
- **Step 11: Survey team arrives at ASC to conduct unannounced survey**
- **Post-survey**
- **Plan of Correction (PoC) due to AAAHC within 10 calendar days**
 - **Unannounced follow-up survey performed after receipt of acceptable PoC**

The 2011 Accreditation Handbook Including Medicare Requirements for ASCs

- **Code of Federal Regulations (CFR) – p. 7**
- ***Physical Environment Checklist* – p. 8**
- **Types of Surveys – pp. 9-11**
 - **Early Option Survey/Initial Medicare**
 - **Initial Accreditation/Initial Medicare**
 - **Re-accreditation or Re-Survey/Initial Medicare**
 - **Re-accreditation/Re-survey Medicare**

AAAHC Onsite Medicare Deficiency Checklist

- **Surveyors will complete a checklist that identifies Medicare conditions and standards not met**
- **This is only a *preliminary* notification of Medicare deficiencies**
- **Refute or clarify any findings *before* the survey is completed**
- **Start a Plan of Correction (PoC) immediately following the survey (do not mail yet...)**
- **Final Medicare deficiency notification will be sent from AAAHC within 10 *business* days**

What does this all mean?

- **R E A L L Y** know the CfC and LSC!!
 - Ensure all Conditions are met
 - Ensure your building meets NFPA Life Safety Code® (LSC) 2000 edition
(**waivers take a long, long, long time!!**)
- **What if some of the Medicare CfC do not apply to my ASC?**
 - All CfC must be in compliance!
- **You cannot “get credit” for fixing anything at the time of survey – per CMS rules**



So why use AAAHC for A Medicare Deemed Status survey?

Initial survey (not yet Medicare certified)

- **No tier IV Medicare surveys are performed by states; must use an approved AO like the AAAHC**
- **You want a consultative and educational survey experience**
- **You want an AO who wants you to be successful**

Why use AAAHC for a Medicare Deemed Status survey? (cont.)

Initial survey (already Medicare certified)

- Many third-party payers require it
- Your state does not conduct Medicare surveys often enough for your level of quality
- You appreciate a fresh set of eyes reviewing your ASC
- You want a consultative and educational survey experience
- You want an AO who wants you to be successful

Why use AAAHC for a Medicare Deemed Status survey? (cont.)

Re-accreditation/re-survey (already accredited and deemed by the AAAHC)

- **Many third-party payers require it**
- **Your state does not conduct Medicare surveys often enough for your level of quality**
- **You found value in and appreciated the previous AAAHC survey experience**

Resources at the AAAHC main office

Regional corps – based upon the state in which your ASC is located

- East – DC, DE, GA, MA, MD, ME, NC, NH, OH, PA, RI, SC, VA, VT, WV
- **Central** – **TEXAS**, AL, FL, IA, KY, MI, MO, MS, TN, WI
- West – AK, CA, HI, KS, MN, MT, ND, NE, NV, OK, OR, SD, WA, WY
- Global – USAF, USCG, AR, AZ, CO, CT, ID, IL, IN, LA, NJ, NM, NY, PR, UT

Resources at the main office (cont.)

	East	Central	West	Global
Applications	Brianne Kaneshiro	Lenny Wojt	Brandy Dye	Mike Lombardo
Scheduling	Talin Topuzyan	Leah Peters	Liza Torres	Nichole Zameda

Main office number: 847-853-6060

Email: info@aaahc.org or

First letter of first initial + last name @ aaahc.org

For example:

lpeters@aaahc.org

New in 2012

- **Existing Standard - 9.W**
- **9.W:** In settings where anesthesia may be provided by other than a physician anesthesiologist, oral and maxillofacial surgeon, certified registered nurse anesthetist, or an Anesthesiologist Assistant within his/her scope of practice, the organization has a written protocol that explains how the organization will respond in the event that a deeper-than-intended level of sedation occurs.
- **Rationale for Change:** To clarify when standard is applicable.
- **Review Guideline:** When anesthesia services are provided by other than a physician anesthesiologist, oral and maxillofacial surgeon, certified registered nurse anesthetist, or an Anesthesiologist Assistant within his/her scope of practice, the organization will have a written protocol that explains how it will respond in the event that a deeper-than-intended level of sedation occurs

New in 2012

- **Chapter 10 preamble:** In this chapter and throughout this Handbook, the terms “surgery”, “procedure”, and “operation” are used interchangeably. The use of any of these terms is to reference any such skill, method, or technique that involves cutting, abrading, suturing, laser, or otherwise physically entering or changing body tissues and organs, including invasive pain procedures.
- **Rationale for Change:** To clarify that Chapter 10 standards are applicable in settings where invasive pain procedures are performed. This is an edit to the preamble of Chapter 10; no standards have been altered.
- **Review Guideline:** The standards in this chapter also apply to organizations that provide invasive pain management procedures.

New in 2012

- **New Standard - Placement to be determined:** Organizations that receive/store/issue blood and blood products for transfusion or human cells or tissues for transplantation must have written protocols for handling, maintenance and storage, consistent with those of a nationally-recognized authority, such as the American Association of Tissue Banks (AATB) and the U.S. Food and Drug Administration (FDA).
- **Rationale for Change:** Proposed standard to address the handling of human cells and tissues.
- **Review Guideline:** Organizations that use human cells and tissues or provide blood or blood products must adopt written policies consistent with those of the AATB, FDA or other nationally recognized authority.

New in 2012

Beginning with any survey using the 2012 Handbook, the new term of accreditation will be 3 years or non-accreditation. This will replace the current system of 3 years, 1 year, or 6 months. Based on the results of the survey, some organizations may be required to have an “intra-cycle” follow-up survey during the 3 year term.

AAAHC

AAAHC

“The Accreditation Association”

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E-mail: rgrundman@aaahc.org

Other questions you would like to discuss?

