

Welcome to
**Quality in College Health:
Achieving AAHHC Accreditation**

Evolving with Changing Times

Program faculty

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Program Goals

- **Gain an understanding of AAAHC standards and how to implement changes to meet the standards**
- **Learn about the AAAHC survey process**
- **Network and exchange ideas**

Program Objectives

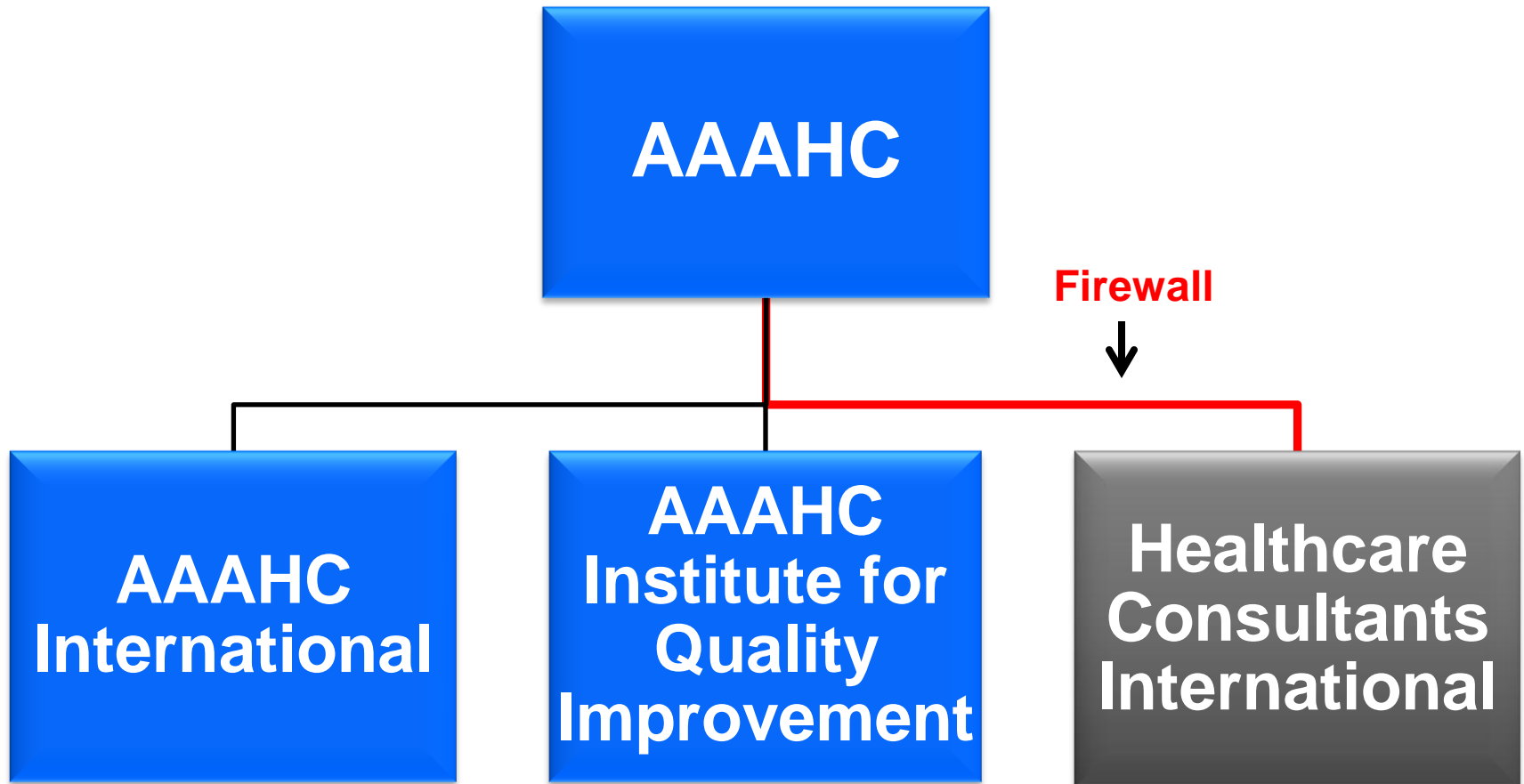
This session will:

- **Review AAAHC standards**
- **Provide compliance tips, and**
- **Help you prepare for an accreditation survey**

About AAAHC...

- **Private, independent, not for profit**
- **Established in 1979**
- **Exclusive focus on ambulatory health care**
- **Over 5200 currently accredited organizations**

Three subsidiaries of AAAHC



Types of organizations accredited by the AAAHC

- ASCs
- Office-based surgery centers
- **College health centers**
- Endoscopy centers
- Immediate/urgent care centers
- Occupational health
- Radiation oncology
- Diagnostic imaging centers
- Managed care
- Medical group practices
- Medical home
- Military health care facilities
- Lithotripsy centers
- Dental groups
- Community health
- Pain management centers
- Podiatry practices
- Indian Health centers
- And more!

What is distinctive about AAAHC?

- **Peer-based accreditation program**
- **Nationally recognized standards**
- **330+ surveyors – experienced professionals representing medical and surgical specialties, dentistry, nursing, administration, optometry and pharmacy**

What is distinctive about AAAHC?

- **Governing structure – 18 Association Members**
 - **ACHA is a founding member**
 - **Peg Spear, M.D. from Penn State is ACHA representative on AAAHC Board**
- **Consultative & educational process**

AAAHC philosophy

- **Discovery.....vs. inspection**
- **Consultation.....vs. prescription**
- **Collaborative.....vs. dictatorial**

AAAHC Core Standards 2012

All of the appropriate portions of the core standards (Chapters 1-8) are applied to all organizations seeking accreditation.

ACHA 2010 Annual Meeting

Core Chapters (Standards)

- 1. Rights of Patients**
- 2. Governance**
- 3. Administration**
- 4. Quality of Care Provided**
- 5. Quality Management and Improvement**
- 6. Clinical Records and Health Information**
- 7. Infection Prevention and Control and Safety**
- 8. Facilities and Environment**

Adjunct Chapters (Standards)

- 9. Anesthesia Services**
- 10. Surgical and Related Services**
- 11. Pharmaceutical Services**
- 12. Pathology and Medical Laboratory**
- 13. Diagnostic and Other Imaging**
- 14. Dental Services**
- 15. Other Professional and Technical and Travel Medicine**
- 16. Health Education and Health Promotion**
- 17. Behavioral Health Services**

Adjunct Chapters (cont.)

- 18. Teaching and Publication Activities**
- 19. Research Activities**
- 20. Overnight Care and Services**
- 21. Occupational Health Services**
- 22. Immediate/Urgent Care Services**
- 23. Emergency Services**
- 24. Radiation Oncology Treatment Services**
- 25. Managed Care Organizations**
- 26. Lithotripsy Services**
- 27. Medical Home**

Compliance Ratings

- **SC – substantial compliance** indicates that the organization's current operations are acceptable and meet the standards.
- **PC – partial compliance** indicates that a portion of the item is acceptable, but other areas need to be addressed.
- **NC – non-compliance** indicates that the organization's current operations do not meet the standards.

Overview of an AAAHC Survey

Prior to survey

The survey chairperson will contact the organization to:

- **initiate introductions**
- **coordinate logistical arrangements**
- **outline time-specific activities, including observation of a surgery or procedure (if the organization conducts surgeries or procedures)**
- **address questions regarding any other survey-related topics**

Overview of an AAAHC Survey (cont.)

Prior to survey (cont.)

The organization will receive a packet of survey materials approximately 30 days prior to the survey. The packet will include:

- Confirmation of type of survey, survey date and length, name(s) of surveyor(s) and their lodging arrangements
- Invoice for survey fee (payment is due 20 days prior to survey date)
- Reminder to post the *Notice of Accreditation Survey*
- General survey agenda – for organizations with more than one location, the agenda will list the additional location(s) to be visited and reviewed

Overview of an AAAHC Survey (cont.)

General Agenda for Survey – Day 1

- **Pick-up surveyors**
- **Orientation meeting with chief medical and administrative staff of organization**
- **Orientation tour of facility**
- **General public, patient and organization staff information presentations, if requested**
- **Non-time specific activities**

Overview of an AAAHC Survey (cont.)

General Agenda for Survey – Day 2

- **Pick-up surveyors**
- **Non-time specific activities**
- **Summation conference will be held during this timeframe after completion of the survey and on the day of departure.**
- **Departure**

Overview of an AAAHC Survey (cont.)

Non-time specific activities will include:

- **Observation of a scheduled surgery or procedure (if applicable)**
- **Detailed inspection of physical facility, including operating and recovery and exam rooms, lab, and other technical and support services**
- **Review of policies and procedures and other organization documents**
- **Review of governance and administrative areas, including clinical records, credential records, and personnel records**

Overview of an AAAHC Survey (cont.)

Non-time specific activities (cont.)

- **Review of organization's peer review and quality improvement programs, including recently completed QI studies**
- **Consultation with staff responsible for QI**
- **Review of policies and procedures and other organization documents**

Chapter 1: Rights of Patients

**An accreditable organization
recognizes and respects
the basic human rights of patients.**

Chapter 1: Rights of Patients

How patients are treated *as people*

Standards A, B, C, E:

- **Respect, consideration, and dignity**
- **Privacy**
- **Confidentiality**
- **Participation in decision making**

Chapter 1: Rights of Patients

Ensuring that patients have information regarding their rights and responsibilities

Standards F.1-2, G, H:

- **Informed of all rights (including A-E)**
- **Responsibilities, e.g., provide complete and accurate information; follow prescribed treatment plan; be respectful of all**
- **Right to change providers and participate in decision making**

Chapter 1: Rights of Patients

Ensuring that patients are fully informed regarding their care

Standards D, F.7, F.8:

- **To the degree known, complete information concerning diagnosis, evaluation, treatment and prognosis**
- **Right to refuse participation in clinical and device trials**
- **Advance directives**

Chapter 1: Rights of Patients

Ensuring that patients have information regarding their provider(s)

Standards F.3, F.9, I, J:

- **Services available at the organization**
- **Credentials of health care professionals**
- **Accurate marketing/advertising/practice promotion**
- **Absence of professional liability insurance coverage**

Chapter 1: Rights of Patients

Ensuring that patients have information regarding policies & procedures

Standards F.4-6, L:

- **After-hours and emergency care**
- **Fees and payment policies**
- **Suggestions, complaints and grievances**

Chapter 1: Rights of Patients

Some items surveyors will look for, observe, review

- **Privacy practices, HIPAA, FERPA**
- **Related P&Ps, including whether they match information provided to patients, student employees**
- **Patient handouts, instructions, consents**
- **Web site, Health Promotion, e-Medicine**

Chapter 1: Rights of Patients

Common problems

- **Privacy: check-in/registration, exam room curtains, conversations, waiting area**
- **Student employees**
- **Grievance procedure**
- **Consent form for invasive procedures, and to include written post-procedure self-care instructions**

Chapter 2: Governance

An accreditable organization has a governing body that sets policy and is responsible for the organization.

Chapter 2: Governance

Standards address two areas:

- **Subchapter I**

General requirements for an organization and its governing body

- **Subchapter II**

Credentialing and privileging of health care professionals

Chapter 2, Subchapter I: General Requirements

Standards A and B – Governing body

- **Legally constituted entity**
- **Sets direction, future planning, budgets**
- **Ensures adequate, appropriate facilities and personnel**
- **Establishes structure and policies**
- **Ensures evaluation of the quality of care including patient safety**
- **Reviews and responds to legal, ethical matters**

Chapter 2, Subchapter I: General Requirements

Standard B (cont.):

Governing body:

- **Ensures effective internal communication**
- **Maintains financial health and control**
- **Approves and ensures compliance with all vendor and payor contracts**
- **Ensures compliance with all applicable local, state and federal laws, rules, regulations and guidelines**

Chapter 2, Subchapter I: General Requirements

Standard B (cont.):

Governing body:

- **Develops a program of risk management**
- **Ensures safe environment of care including infection control and patient safety**
- **Establishes processes to address incidents and reportable events**

Chapter 2, Subchapter I: General Requirements

Standard C:

Notification to AAAHC of significant changes or events

- **Required timeframe for notification is fifteen (15) days**

Chapter 2, Subchapter I: General Requirements

Some items surveyors will look for, observe, review

- Legal entity (e.g., land grant, charter)
- Mission, goals, objectives, long- / short-range planning
- Current organizational chart
- Governing document (e.g., Operating Manual)
- Meeting minutes: governing body, committees, staff
- Procedures for ensuring continued compliance with all applicable state/federal regulations
- Scope of clinical activities
- Contracts/agreements with outside entities
- Adverse incident processes

Chapter 2, Subchapter I: General Requirements

Common problems

- **Poorly documented or missing meeting minutes: governing body, committees, staff; suggest a template for minutes.**
- **Outdated P&Ps**
- **Lack of policy dealing with minors**
- **Incomplete processes for identification, reporting, analysis and prevention of adverse incidents**

Template for GB minutes

- **Rights of patients, privacy, HIPAA, etc.**
- **Administrative responsibilities (contracts, fiscal, etc.)**
- **Quality of care**
- **QI program**
- **Policies and Procedures/Scope of Practice**
- **Appointment/reappointment process**
- **Infection Control Program**
- **Safety/Risk Management program (Adverse Incidents)**
- **Satisfaction Survey Review**

Chapter 2, Subchapter II: Credentialing and Privileging

Credentialing

An accreditable organization:

- **Establishes minimum training, experience and other requirements (credentials) for its health care professionals**
- **Establishes process to review, assess and validate required qualifications**
- **Carries out the review, assessment and validation according to its *own* stated process**

Chapter 2, Subchapter II: Credentialing and Privileging

Standard A

Requires:

- **The medical staff must be accountable to the governing body**
- **An established process, applied in uniform manner, including mechanisms for credentialing, reappointment, granting of privileges, suspending or terminating privileges, and appeal of these decisions**

(See sample application form in “Forms” section of Handbook)

Chapter 2, Subchapter II: Credentialing and Privileging

Standard B

Required characteristics of the process

- **specific criteria; expeditious processing of applications**
- **establishes the minimum information needed for credentialing and privileging**
- **acceptable verification processes**
- **reapplied at least every three years**
- **ongoing monitoring and documentation of current licensure, DEA, insurance, etc.**

Chapter 2, Subchapter II: Credentialing and Privileging

Privileging

An accreditable organization:

- **Determines clinical services offered**
- **Determines required qualifications for privileges to provide each service**
- **Establishes process for evaluating applicant's qualifications and approving, modifying or denying any or all requested privileges**

Chapter 2, Subchapter II: Credentialing and Privileging

Standards C – G

- **Scope of procedures performed must be periodically reviewed by the governing body & amended as appropriate**
- **Privileges granted for specific time period**
- **Notification of appropriate authorities re: suspension/termination, as required by state/federal law**
- **Independent process of credentialing and privileging**
- **Allied health care professionals**

Chapter 2, Subchapter II: Credentialing and Privileging

Some items surveyors will look for, observe, review

- **Credentialing/privileging policies and procedures, and credentials files**
- **Collaborative practice agreement, if State required, for advanced practice nursing**
- **Policies/procedures for notifying licensing and/or disciplinary bodies (e.g., NPDB)**
- **List of approved procedures that may be performed at the organization and how privileges are granted**

Chapter 2, Subchapter II: Credentialing and Privileging

Common problems

- **Lack of verification of credentials, either currently or for hires prior to accreditation**
- **Lack of evidence of competency upon hire**
- **Privileges granted for unspecified time period**
- **Lack of query of / reporting to NPDB**

Chapter 3: Administration

An accreditable organization is administered in a manner that assures the provision of high-quality health services and that fulfills the organization's mission, goals, and objectives.

Chapter 3: Administration

Standards address five areas:

- **Administrative responsibilities for the orderly and efficient management of the organization**
- **Personnel policies, including employee orientation and training**
- **Financial oversight, management and controls**
- **Occupational health care for staff**
- **Assessment of patient satisfaction**

Chapter 3: Administration

Administrative & Personnel Responsibilities

1. **Enforcement of policies**
2. **Employment of qualified management personnel**
3. **Personnel policies define the status of students and post-graduate trainees, when present**
4. **Planning (strategic positioning)**
5. **Documentation of compliance**
6. **Establishing lines of authority, responsibilities, accountabilities**
7. **Controlling organization documents**

Chapter 3: Administration

Financial Oversight Responsibilities

- 1. Protecting assets**
- 2. Implementing fiscal controls**
- 3. Ensuring internal communication**
- 4. Purchasing and maintaining materials, supplies, equipment, services**

Chapter 3: Administration

Occupational Health Care for Staff

- 1. The organization has a written exposure control plan**
- 2. Health care workers are protected from biologic hazards, consistent with state, federal, and CDC guidelines**
- 3. A program is maintained to assess and reduce risks associated with occupational chemical exposures**
- 4. A program is maintained to assess and, where necessary, reduce risks associated with physical hazards**
- 5. Records of work injuries and illnesses are maintained**
- 6. Employee health records are managed appropriately**

Chapter 3: Administration

Assessing patient satisfaction

The organization periodically assesses patient satisfaction with services and facilities provided by the organization. The findings are reviewed by the governing body and, when appropriate, corrective actions are taken.

Chapter 3: Administration

**Some items surveyors will look for,
observe, review**

- **How the Governing Body has delegated administrative responsibility**
- **Clinic and department P&Ps**
- **Employee Health & Safety addressed including OSHA-300 Form**
- **Intra-department communication**
- **Patient satisfaction results**

Chapter 3: Administration

Common problems

- **Lack of or ill-defined Governing Body directives and actions**
- **Lack of or ill-defined delineation of roles, responsibilities, accountabilities**
- **Decentralized, uncoordinated services**
- **Staff communication / in-service education**
- **Lack of evidence of orientation completion within 30 days of hire**

Initial and annual training

- **Benefits, Salary, Job description- hire**
- **Personnel policies- on hire**
- **HIPAA, OSHA training**
- **Immunizations, HepB, TB, etc.**
- **Adverse incident reporting**
- **Exposure control plan**
- **Risk management – infection control and safety policies, emergency policies**
- **Sharps injury prevention**
- **Violence prevention**

Chapter 4: Quality of Care Provided

An accreditable organization provides high-quality health care services in accordance with the principles of professional practice and ethical conduct, and with concern for the costs of care and for improving the community's health status.

Chapter 4: Quality of Care Provided

Critical chapter:

Here, the organization demonstrates that all health care providers, and the organization overall, provide high-quality health care.

Chapter 4: Quality of Care Provided

Critical chapter (cont.)

Integrates many of the core and applicable adjunct standards:

- **Ch 1 – Effective communication with patients**
- **Ch 2 – Governance, including credentialing and privileging**
- **Ch 3 – Personnel**
- **Ch 5 – Quality management and improvement**
- **Ch 6 – Clinical records**
- **Ch 7 – Infection prevention and control and safety**
- **Ch 8 – Facility safety**

Chapter 4: Quality of Care Provided

Standards focus on five areas:

- **Health care professionals**
- **Documented evidence that high-quality care is provided**
- **Mechanisms for referrals, consultations and transfers**
- **Cost of care**
- **Methods of communication with patients**

Chapter 4: Quality of Care Provided

Standards A-D, F, G – Health care professionals

- **Training and skills, sufficient number**
- **Practice in ethical, legal manner**
- **Credentialing and privileging**
- **Peer review and quality improvement**
- **Clinical records documentation**

Chapter 4: Quality of Care Provided

Standards E, H, I – Documented evidence that high-quality care is provided

- **Effective communication with patients**
- **Review and update of medications**
- **Appropriate and timely diagnosis**
- **Treatment consistent with diagnosis**
- **Continuity of care and patient follow-up**
- **Patient satisfaction**

Chapter 4: Quality of Care Provided

Documented evidence that high-quality care is provided (cont.)

Standards H, I

- **Lab specimens or biological products**
- **Follow-up of abnormal or significant lab or radiologic findings**

Chapter 4: Quality of Care Provided

Standards F.2, J, K – Mechanisms for referrals, consultations and transfers

- **Facilitate referral or consultation for patients**
- **Transfer agreement, providers with admitting/similar privileges at the hospital, or detailed procedural plan submitted to AAAHC**

Chapter 4: Quality of Care Provided

Standard L – Cost of care

- **Care is appropriate**
- **Absence of duplicative diagnostic procedures**
- **Appropriate treatment frequency**
- **When possible, using less expensive resources**
- **Ancillary services consistent with patient needs**

Chapter 4: Quality of Care Provided

Standard M –

Methods of communication with patients

Communicating in the language or manner used by the patient

Chapter 4: Quality of Care Provided

Some items surveyors will look for, observe, review

- **Credential records, clinical records**
- **Peer review activities**
- **Quality improvement activities**
- **Policies and procedures**
- **Interpreters, use of telecommunications technology or other means of communication**
- **Written transfer agreement with local hospital, if applicable**

Chapter 4: Quality of Care Provided

Common problems

- **Lack of interpreter services**
- **Confusion regarding review and update of medications at each visit**
- **Ensuring a process for follow-up on significant findings from lab / radiology studies**
- **Referrals not well documented**
- **Transfer agreement OR providers with admitting or similar privileges**
- **Costs of care not addressed**

Chapter 5: Quality Management and Improvement

In striving to improve the quality of care and to promote more effective and efficient utilization of facilities and services, an accreditable organization maintains an active, integrated, peer-based program of quality management and improvement that links peer review, quality improvement activities and risk management in an organized, systematic way.

Chapter 5: Quality Management and Improvement

Note:

The intent of this chapter is that administrative and clinical personnel be involved in the quality management and improvement activities of the organization.

Chapter 5: Quality Management and Improvement

Three subchapters:

- **I – Peer Review**
- **II – Quality Improvement Program**
- **III – Risk Management**

Chapter 5, Subchapter I: Peer Review

Standards focus on three areas:

- **What elements must the peer review process contain?**
- **Who must participate?**
- **What happens to the results?**

Chapter 5, Subchapter I: Peer Review

Elements of the peer review process

Standards C, E, I:

- Ongoing monitoring of important aspects of care, individually and in the aggregate
- Ongoing data collection and periodic evaluation to identify trends affecting patient outcomes
- Ongoing monitoring of continued licensure, certification

Chapter 5, Subchapter I: Peer Review

Who must participate?

Standards A, B, D, H:

- **Health care professionals understand, support and participate**
- **At least two health care professionals**
- **Participation in development and application of criteria used to evaluate care**
- **Participate in educational activities, with access to up-to-date information**

Chapter 5, Subchapter I: Peer Review

What happens to the results?

Standards A, F, G

- **Integrated into quality management and improvement program**
- **Reported to the governing body**
- **Used as part of privileging process**

Chapter 5, Subchapter I: Peer Review

Some items surveyors will look for, observe, review

- **Peer review policies and procedures**
- **Records of peer review activities**
- **Documentation that peer review information is provided to the governing body as part of the quality improvement and credentialing/privileging activities**

Chapter 5, Subchapter I: Peer Review

Common problems

- **Expired credentials – monitoring of license, DEA, etc.**
- **Chart review is a component, but not sufficient**
- **Involvement of at least two health care professionals**
- **Lack of follow through with peer review outcomes; or lack of aggregate reporting**



Chapter 5, Subchapter II: Quality Improvement Program

An accreditable organization maintains an active, integrated, organized, and peer-based quality improvement (QI) program.

Chapter 5, Subchapter II: Quality Improvement Program

Subchapter describes components of the quality improvement program that addresses:

- **Clinical, administrative and cost-of-care performance issues**
- **Actual patient outcomes, i.e., results of care, including safety of patients**

Chapter 5, Subchapter II: Quality Improvement Program

Standard A

The QI program must:

- 1. Be written**
- 2. Identify persons responsible**
- 3. Involve at least one physician**
- 4. Have goals and objectives**
- 5. Identify appropriate problems**

Chapter 5, Subchapter II: Quality Improvement Program

Standard A (cont.)

The QI program must:

- 6. Identify activities, including internal/external benchmarking**
- 7. Be linked to peer review and risk management**
- 8. Be evaluated annually for effectiveness**
- 9. Require that findings be reported to governing body and elsewhere in organization as appropriate**

Chapter 5: Subchapter II, Quality Improvement Program

Standard B

Written reports of QI activities include the following elements:

- 1. Purpose**
- 2. Performance goal**
- 3. Description of data to be collected**
- 4. Evidence of data collection**
- 5. Data analysis – frequency, severity, sources of problem(s)**

Chapter 5, Subchapter II: Quality Improvement Program

Standard B (cont.)

Written reports of QI activities include:

- 6. Comparison of current performance vs. goal**
- 7. Corrective action(s)**
- 8. Re-measurement**
- 9. Additional corrective actions if necessary**
- 10. Communication/reporting of findings**

Chapter 5, Subchapter II: Quality Improvement Program

Standard C

External benchmarking must include:

- **Performance measures**
- **Collection and analysis of performance data**
- **Measuring changes in performance**
- **Demonstrating improvement over time**
- **Using recognized benchmarks**
- **Link to QI activities**
- **Reporting of findings**

Chapter 5, Subchapter II: Quality Improvement Program

Some items surveyors will look for, observe, review

- **A written QI program and its annual evaluation**
- **Activities: projects, studies**
- **Program Committee meeting minutes**
- **Reporting mechanism(s) to G.B.**
- **Education programs resulting from projects, studies**

Chapter 5, Subchapter II: Quality Improvement Program

Common problems

- **Topics to study**
- **All Quality Monitoring (QA) and no Quality Improvement (QI)**
- **Failure to document data collection**
- **Internal and external benchmarking**
- **Reporting of findings**

Chapter 5, Subchapter III: Risk Management

An accreditable organization develops and maintains a program of risk management, appropriate to the organization, designed to protect the life and welfare of an organization's patients and employees.

Chapter 5, Subchapter III: Risk Management

Five major areas:

- **Governing body and designated person(s)**
- **Comprehensive risk management program**
- **Non-staff in patient care areas**
- **Review of clinical records/policies**
- **Education for all staff**

Chapter 5, Subchapter III: Risk Management

Governing body

Standards A and B:

- **Provides oversight of risk management program**
- **Designates person/committee responsible for risk management**

Chapter 5, Subchapter III: Risk Management

Comprehensive risk management program

Standards C-1 – C-14:

1. Consistency throughout organization
2. Process for patient dismissal from care
3. Review and analysis of all reported incidents
4. Deaths, trauma, other adverse incidents
5. Actual and potential infection control occurrences and breaches

Chapter 5, Subchapter III: Risk Management

C-1 – C-14 (cont):

- 6. Review of litigation**
- 7. Review of patient complaints**
- 8. Coordination with liability carrier**
- 9. Process for handling incapacitated health care professional**
- 10. Process for impaired health care professional**
- 11. After-hours coverage**
- 12. Avoidance of unauthorized prescribing**

Chapter 5, Subchapter III: Risk Management

C-1 – C-14 (cont):

13. Surgical site marking (if applicable)

14. Active surveillance processes for detection/prevention of disease, infection and potential communicable infective sources, with direct intervention when appropriate

Chapter 5, Subchapter III: Risk Management

Standards D and E:

Non-staff in patient care areas

- Observers and others
- Written policy and patient consent

Chapter 5, Subchapter III: Risk Management

Standard F:

- **Periodic review of clinical records/policies**

Standard G:

- **Education in risk management, including infection control and safety policies/processes, provided to all staff within 30 days of employment, annually thereafter, and when need is identified**

Chapter 5, Subchapter III: Risk Management

Some items surveyors will look for, observe, review

- **Policies and procedures**
- **Activities**
- **Complaints, incident reports, adverse events**
- **Staff education**
- **Committee minutes**

Chapter 5, Subchapter III: Risk Management

Common problems

- **No designated person(s)**
- **Lack of policies addressing:**
 - **Dismissal from care**
 - **Incapacitated professional**
 - **Impaired professional**
 - **Adverse incidents, incl. infections**
 - **Visitors**
 - **Periodic review of policies/clinical records**

Chapter 6: Clinical Records and Health Information

An accreditable organization maintains electronic and/or paper clinical records and a health information system from which information can be retrieved promptly. Clinical records are complete, comprehensive, legible, documented accurately in a timely manner, and readily accessible to health care professionals.

Chapter 6: Clinical Records and Health Information

Standards focus on five areas:

- **Clinical record policies**
- **Appropriate and accurate documentation**
- **Review and authentication**
- **Transfer of information when patients are treated elsewhere**
- **Informed consents and advanced directives**

Chapter 6: Clinical Records and Health Information

Standards A-C, E-G – Clinical record policies

- **Clinical records system**
- **Patient identification**
- **Accessibility to authorized personnel**
- **Confidentiality and security**
- **Designated person in charge**
- **Retention and retirement**

Chapter 6: Clinical Records and Health Information

Standards D, H-N – Appropriate and accurate documentation

- **Legible and accessible entries**
- **Uniform content and format**
- **H&Ps and lab / radiologic results**
- **Multiple visits / admissions, OR complex/lengthy records**
- **Entries in clinical records including:**
 - **Allergies / sensitivities**
 - **Telephone/online contact with patients**
 - **Research**

Chapter 6: Clinical Records and Health Information

Standard I – Review and authentication

- H&Ps and lab / radiologic results

Chapter 6: Clinical Records and Health Information

Standard O –

Transfer of information when patients are treated elsewhere

- **Obtain from outside provider**
- **Send to outside provider**

Chapter 6: Clinical Records and Health Information

Standard P –

Informed consents and advanced directives

- **Necessity, appropriateness, risks**
- **Advanced directives, if applicable**

Chapter 6: Clinical Records and Health Information

Some items surveyors will look for, observe, review

- **Policies and procedures**
- **Interview clinical records personnel**
- **Clinical records – paper or electronic**
 - **Selected by surveyor (selection cannot be delegated to organization)**
 - **At a minimum, within last 12 months**
 - **Within past 36 months involving deaths, unplanned transfers, litigation, and unplanned outcomes/incidents**

Chapter 6: Clinical Records and Health Information

Common problems

- **Timely charting**
- **Multiple visits / admissions or complex and lengthy record**
- **Documentation of medications, allergies, untoward reactions; updated at each visit; documentation of no known drug or material allergies, or no herbals, OTC's.**
- **Records stored off-site**

Chapter 7: Infection Prevention and Control and Safety

An accreditable organization provides health care services while adhering to safe practices for patients, staff and all others. The organization maintains on-going programs designed to 1) prevent and control infections and communicable diseases, and 2) to provide a safe and sanitary environment of care.

Chapter 7: Infection Prevention and Control and Safety

Divided into two subchapters

I. Infection Prevention and Control

II. Safety

Subchapter 7.I: Infection Prevention and Control

Key Standards

- **Have an established program**
- **Implement nationally recognized guidelines (WHO, CDC) that are approved, monitored by Governing Body**
- **Sharps injury prevention program**
- **Adequate surveillance techniques**
- **Isolation or transfer of patients with communicable disease**

Subchapter 7.11: Safety

Key Standards

- **Elements of safety program meet or exceed local, state, federal safety requirements**
- **Person or committee assigned responsibility**
- **Written emergency disaster preparedness plan**
- **Monitoring expiration dates of drugs/biologicals**

Chapter 7: Infection Prevention and Control and Safety

Some items surveyors will look for, observe, review

- **Use of nationally-recognized infection control guidelines**
- **Surveillance program**
- **Sterilization and infection control records**
- **Person or committee assigned responsibility**
- **Single-use drug vials, P&P on proper use of needles/syringes**

Chapter 7: Infection Prevention and Control and Safety

Common problems

- **Coordination with University Safety or Environmental Services, housekeeping/maintenance; housekeeping policies for terminal cleaning**
- **Cleaning of kiosks, keyboards, touch screens, door knobs, etc.**
- **Lack of staff with specialized training**
- **Lack of space for patient isolation**

Chapter 8: Facilities and Environment

An accreditable organization provides a functionally safe and sanitary environment for its patients, personnel and visitors.

Chapter 8: Facilities and Environment

Components of “safe and appropriate environment”

- **OPERATIONAL: Activities, care processes, protocols**
 - Policies and procedures
- **PHYSICAL: Design and construction**
 - Accepted standards of care
 - Building codes and standards

Chapter 8:

Facilities and Environment

Facility regulations

Standards A.1 - 4:

Facilities must conform to local, state and federal regulations, building codes, and fire prevention requirements including "periodic" inspections.

Existing facilities should already be in conformance with applicable codes, as demonstrated by a current *occupancy permit*.

Chapter 8: Facilities and Environment



Facility regulations



Standards B.1 - 4:

- Appropriate number of portable fire extinguishers
- Illuminated emergency exit signs
- Emergency exit pathway lighting
- Fire-protected stairwell exits



Chapter 8: Facilities and Environment

Rules

Standards G, H & I:

- No smoking
- Avoid hazards
- Accommodate disabled individuals



Accommodate disabled individuals



Accommodate disabled individuals



Chapter 8: Facilities and Environment

Policies / Systems

Standards C, D, E:

Emergency preparedness –

- Necessary personnel, equipment and procedures
- Ongoing staff education/training
- One emergency / disaster preparedness drill per quarter, with written evaluations of each
 - ✓ Annually, at least one cardiopulmonary resuscitation technique drill, as appropriate to the organization

Chapter 8:

Facilities and Environment

Policies / Systems

Standard F:

Available to provide patient care during hours of operation:

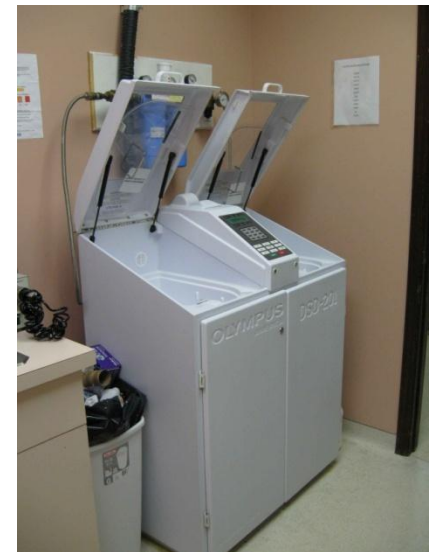
- **Staff trained in CPR**
- **Staff trained in use of cardiac emergency equipment**
- **Staff trained in use of all other emergency equipment present in the facility**

Chapter 8: Facilities and Environment

Policies / Systems

Standards M and P:

- **Protect patients, staff and environment from hazardous materials and waste**
- **P&P for medical equipment include its standardized use, and documented evidence of periodic testing and scheduled preventive maintenance according to manufacturer's specifications**



Chapter 8: Facilities and Environment

Policies / Systems

Standard R:

- **Testing of fire alarm / inspection of fire suppression systems performed and documented**



Chapter 8: Facilities and Environment

Policies / Systems

Standard S:

- **Proactive, ongoing risk assessment re: environmental hazards when there is demolition, construction or renovation**
 - ✓ **Safety measures are implemented as indicated**



Chapter 8: Facilities and Environment

Policies / Systems

Standard T:

- **Ongoing temperature monitoring for frozen, refrigerated and/or heated products**
 - ✓ **Per manufacturer recommendations**
 - ✓ **Stated temp ranges available to staff**



Chapter 8: Facilities and Environment

Overall standards of care

Standard B-5

- Reception areas, restrooms, telephones adequate for patient/visitor volume

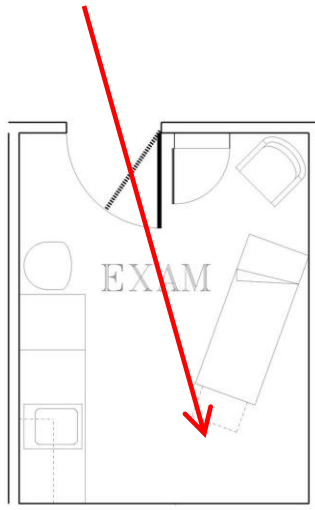


Chapter 8: Facilities and Environment

Overall standards of care

Standard B-6

- Design and use protects patient privacy



Chapter 8: Facilities and Environment

Specific standards of care

Standards B-7, L, O

- **Parking identification**
- **Patient food and snacks: need-based, handled per health department requirements**
- **Emergency equipment for patient care: accessible and maintained**



Chapter 8:

Facilities and Environment

Some items surveyors will look for, observe, review

- **Physical inspection: clean, orderly, free of hazards?**
- **Licenses, inspection reports**
- **Records of emergency drills conducted**
- **Emergency plans**
- **Current “tags” on fire extinguishers**
- **Exit sign locations and types**

Chapter 8: Facilities and Environment

Common problems

- **Clean / dirty separation**
- **Food service per health department requirements**
- **Alternate power**
- **Construction for privacy**
- **1 emergency drill per quarter – total of four spread over 12 months; not just fire**

Chapter 11: Pharmaceutical Services

Standards address three major areas:



- 1. Provision of services by appropriately trained and knowledgeable personnel**
- 2. Adherence to legal and ethical practices**
- 3. Adherence to safe and secure practices**

Chapter 11: Pharmaceutical Services

- 1. Provision of services by appropriately trained and knowledgeable staff**
 - In accordance with accepted professional practice**
 - Under the direction of licensed pharmacist or, when appropriate, by a physician or dentist qualified to assume responsibility for the quality of services rendered**
 - Must be a licensed pharmacist if the organization owns the pharmacy; supervisory services may be provided through contractual agreement**

Chapter 11: Pharmaceutical Services

- 2. Adherence to legal and ethical practices**
 - **In accordance with applicable federal and state laws**
 - **Staff demonstrates knowledge of applicable laws**
 - **Patients have a choice**

Chapter 11: Pharmaceutical Services

3. Safe and secure practices

- **Appropriate recordkeeping, including for samples and OTC**
- **Control of prescription pads**
- **Check for expired meds and dispose of them properly**
- **Label injectables and other medications removed from packaging if not used immediately**
- **Safe injection practices: at minimum, CDC or comparable guidelines are followed**

Chapter 11: Pharmaceutical Services

3. Safe and secure practices (cont.)

- **Education of patients re: safe, effective use of medications**
- **If applicable, list of look-alike/sound-alike medications and procedures to prevent errors**
- **Procedures for safe use and maintenance of mechanical devices used in medication delivery**

Chapter 11: Pharmaceutical Services

Some items surveyors will look for, observe, review

- **Drug formulary and process for updating it**
- **Controlled substance recordkeeping**
- **Documentation of medication errors**
- **Process for obtaining meds not in stock**
- **Process for review of expiration dates and disposal of expired meds**
- **Safe injection practices**

Chapter 11: Pharmaceutical Services

Common problems

- **Expired medications**
- **Food in medication refrigerators**
- **Multi-dose vials not dated when opened**
- **Not recording sample drug dispensing**
- **Unidentified look-alike, sound-alike medications**

Chapter 16: Health Education and Health Promotion

Applies to organizations providing comprehensive health education and health promotion services

Chapter 16: Health Education and Health Promotion

Key Standards

- **Services are comprehensive and appropriate to identified needs**
- **Appropriate personnel**
- **Clearly defined goals, based on needs assessment, and methods of evaluation**
- **Adequate resources**
- **Accurate marketing**
- **System to assess satisfaction**
- **Inclusion in the QI program**

Chapter 16: Health Education and Health Promotion

Some items surveyors will look for, observe, review

- **Method of needs assessment, planning and evaluative methods**
- **Summary and follow-up with satisfaction survey data**
- **Collaboration/coordination within the Center**

Chapter 16: Health Education and Health Promotion

Common problems

- **Outreach activities without a guiding plan based on needs**
- **Poor collaboration between units**
- **Lack of integration with the QI and risk management activities**

Chapter 17:

Behavioral Health Services

Key Standards

- **Governing Body-approved services (crisis, counseling, outreach, etc.)**
- **Under direction of a licensed professional**
- **Behavioral health and medical history is present**
- **Personnel are appropriate**
- **Clinical record: risk, client participation**

Chapter 17:

Behavioral Health Services

Key Standards (cont.)

- **Signed informed consent, tx. plan which may include procedures, therapies, etc.**
- **Written policies/procedures**
 - Confidentiality and privacy
 - Record management
 - Client flow and case assignment
 - Safeguards related to outreach programming
 - Management of referrals and transfers
 - Collaboration with medical staff
 - Safety of staff, clients and the organization

Chapter 17: Behavioral Health Services

Some items surveyors will look for, observe, review

- **Access to care, wait lists**
- **Satisfaction survey data and summary**
- **Marketing and outreach approach**
- **Referral system within center/campus and within the community**
- **Comprehensive assessment of risk**
- **Follow-up on referrals**

Chapter 17: Behavioral Health Services

Common problems

- **Excessive waiting time for initial appointment**
- **Lack of coordination with primary care providers**
- **Lack of participation in quality improvement program**

Chapter 18:

Teaching and Publication Activities

If staff is involved in teaching or publishing, an accreditable organization has policies governing those activities that are consistent with its mission, goals, and objectives.

Chapter 18: Teaching and Publication Activities

Key Standards

Policies regarding the formal relationship with the training institution

- **Terms and conditions of compensation, time spent away**
- **Extent of student's involvement in patient care**
- **Liability insurance**
- **Student adherence to organization's policies**

Chapter 18: Teaching and Publication Activities

Key Standards (cont.)

- **Adequate supervision**
- **Patient notification process**
- **Publishing policies**
- **GB approval when the views, policies and procedures expressed are attributed to the organization**
- **Terms and conditions of compensation and cost for publication**

Chapter 18: Teaching and Publication Activities

Some items surveyors will look for, observe, review

- **Orientation process for student interns**
- **Patient approval for student participation in care**
- **GB minutes related to review of publications**
- **Appropriate contracts with training institutions**

Chapter 18: Teaching and Publication Activities

Common problems

- **Inconsistent process of patient consent**
- **Poor orientation process**
- **Lack of documentation regarding relationship with training institution**
- **Lack of communication with Governing Body**

Chapter 19: Research Activities

Key Standards

- **Performed in ethical and professional practices and legal requirements**
- **Written protocols**
- **Appropriate to the expertise of the staff and resources**
- **Rights of participants are protected**
- **All professional staff are informed of the research policies**

Chapter 19: Research Activities

**Some items surveyors will look for,
observe, review**

- **IRB approval, records of informed consent**
- **Governing Body minutes**
- **Clinical record documentation**

Chapter 19: Research Activities

Common problems

- **Lack of IRB or expired IRB**
- **Lack of communication regarding project**

Chapter 27: Medical Home

Only applies to organizations that choose to be surveyed as Medical Homes

- **Indicate this choice on the Application for Survey**

Medical Home: Relationship

Relationship: Communication, understanding and collaboration

- **Respect, consideration, dignity, privacy, confidentiality**
- **Patient rights and responsibilities**
- **Patient satisfaction/assessment**
- **Provider-patient communication**

Medical Home: Relationship (cont.)

Some items surveyors will review:

- **Patients' rights and responsibilities
(link to Ch. 1)**
- **Governance: Mission/goal/objectives
(link to Ch. 2)**
- **Patient satisfaction/assessment
(link to Ch. 3)**
- **Quality of care assessment (link to Ch. 4)**
- **Clinical records: well care, prevention,
healthy lifestyle, etc. discussions; also HRA
(link to Ch. 6)**

Medical Home: Continuity of care

This standard addresses:

- **Continuity of care**
- **Consultations and referrals**
- **Clinical record entries**

Medical Home: Continuity of care (cont.)

Some items surveyors will review:

- **Clinical records: Majority of visits to identified provider/team**
- **Referrals/consultations and follow-ups (links to Chs. 4 and 6)**
- **Provisions for after-hours and emergency care (links to Chs. 1 and 2)**
- **Hospital/other follow-ups documented**

Medical Home: Comprehensiveness of care

This standard addresses:

- **Scope of services: Full breadth of care provided or coordinated (primary through quaternary...wellness to prevention to disease management)**
- **External resources known, utilized and recorded as appropriate**

Medical Home: Comprehensiveness of care (cont.)

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Some items surveyors will review:

- **Scope of services:**
 - **Links to Ch. 2.II.**
 - **Must include services listed in 27.C-2 (prevention to disease management)**
 - **Also, links to:**
 - **Ch. 4 - Quality of Care**
 - **Ch. 6 - Clinical Records**
 - **Ch. 16 - Health Education & Promotion**
 - **Ch. 17- Behavioral Health**

Medical Home: Comprehensiveness of care (cont.)

Other items surveyors will review:

- Evidence of patient education and patient self-management
- Knowledge of available community health resources
- Referral/consultation practices and follow-up procedures
- Health education/promotion and behavioral health:
 - Some individual standards may be N/A depending on services offered
 - Chapter 17 applies if there are credentialed behavioral health providers

Medical Home: Accessibility

This standard addresses, and surveyors will review:

- **Requirement for the Medical Home to have written standards to support patient access, *i.e.*, how to access after-hours care, routine care, etc.**
- **Patient satisfaction with and assessment of access to care**

Medical Home: Quality

This standard addresses:

- **Physician* direction and supervision of patient care team**
- **Use of evidence-based guidelines and performance measures for clinical studies**
- **Quality improvement, including studies specifically measuring compliance with the Medical Home standards**

*** Or nurse practitioner or physician assistant, as permitted by state law/regulation**

Medical Home: Quality (cont.)

Some items surveyors will review:

- **Clinical records: who is directing and supervising the patient's care?**
 - Links to Chs. 4 & 6
- **Quality improvement studies:**
 - Topics listed in standard 27.E-6 are required
 - One study may address multiple topics

Getting Started

- **Administrative support**
- **Support of your Center staff**
- **Frequent communication**
- **Delegation of a work group**
 - **Self-assessment**
 - **Strategic plan based on need areas**
 - **Plan should have specific goals, tasks, responsible party and time lines**

Getting Started (cont.)

- **Attend the AAAHC “Achieving Accreditation” Seminar**
- **Final self-assessment**
- **Involve the entire staff**
- **Mock site visit**
- **YOU ARE READY- Submit application**