Standards Revisions for 2016

The table below identifies the changes to the AAAHC Standards for 2016. For reader convenience, the updates are listed by Chapter based on their location in the 2015 edition of the *Accreditation Handbook for Ambulatory Health Care*.

Most of the changes for 2016 are intended to reduce redundancy among Standards and improve clarity in interpretation. Additional changes have been made to Standards for which assessment of compliance was based on multiple factors. In most of these instances, individual decision points have been separated into discrete elements or sub-elements to facilitate consistency in evaluation.

The general nature of each change is briefly noted under "type of change." Specific edits appear under "additional notes." Minor edits or other additions to the content of a Standard appear *in italics*; deletions appear ~~as strikethroughs~~; more extensive edits and new Standards appear in blue.

2015 Standard identifier	2016 Standard identifier (if changed)	Type of change	Additional notes
Chapter 1: Patient Rights and Responsibilities			
1.F.7	**19.G**	Moved to improve applicability	
1.F.8-12	**1.F.7-11**	Renumbered to reflect relocation of 1.F.7	
Chapter 2: Governance, Subchapter II: Credentialing and Privileging			
2.II.B.5.b		Edited for clarity	Upon receipt of the completed reappointment application, the organization will *conduct primary or secondary source* ~~verify~~ *verification…*
2.II.F	**2.II.F.1-2**	Separated decision points	The governing body provides a process for the initial appointment, reappointment, and assignment or curtailment of privileges and practice for allied health care professionals. 1. The process is consistent with state law. 2. The process includes verification of education, training, experience, and current competence, and primary or secondary source verification of licensure or certification, as applicable.

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Chapter 5: Quality Management and Improvement			
5.II.A	5.II.E	Renumbered and focused	Documented education regarding the risk management *program, policies, and* activities *including adverse incident reporting,* is provided…
	7.II.S	Relocated to improve contextual relevance and focus	Documented education regarding the safety program, policies, and activities is provided to all staff within 30 days of beginning employment, annually thereafter, and when there is an identified need.
5.II.B	7.I.R	Relocated to improve contextual relevance	
5.II.G	5.II.B	Relocated and expanded for clarity	The governing body designates a person or committee to be responsible for implementation, ongoing management, *and consistent application* of the risk management program *and/or policies throughout the organization, including all departments and service locations.*
5.II.C	5.II.B	Deleted with intent absorbed in new Standard	
5.II.D	5.II.C	Edited for clarity	The risk management *program and/or policies include ongoing* processes that address patient safety and…
5.II.E	5.II.D	Renumbered and edited for clarity	The organization's risk management program *and/or policies* include...
5.II.F.1-6	5.II.A.1-7	Relocated with elements separated for distinct decision points	*The organization's governing body approves a written risk management program and/or policies that address:*

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Chapter 7: Infection Prevention and Control and Safety			
7.I.A		Edited for clarity	…and reporting the results *to the governing body* and other…
	7.I.B.4	New sub-element to separate decision points	The written infection prevention and control program is: 4. The result of a formal, documented infection prevention risk assessment to ensure that the program is relevant to the organization. 5. In compliance with all applicable state and federal requirements.
7.I.B.5-6	7.I.B.6-7	Renumbered	~~6~~ 7. ~~Clear to include~~ *Focused on* direct intervention…
7.I.F	7.I.F.1-3	Separated decision points	Processes for the cleaning, disinfection and… adhere to: *1. Nationally recognized guidelines* *2. Manufacturer's instructions for use* *3.* State and federal guidelines.
7.I.H		Reduced redundancy	The organization provides ~~a safe and sanitary environment for treating patients. This includes~~ safeguards to protect the patient...
7.I.O	7.I.O.4	New sub-element of 7.I.O	4. Requirements that cleaning products are used according to the manufacturer's instructions for use.
7.I.P		Edited for clarity	Medical devices for use with multiple patients are ~~cleaned and disinfected~~ *processed* between patients *according to the manufacturer's instructions…*
7.I.Q		Edited for clarity	A written policy outlines appropriate hand hygiene using products according to the product manufacturer's *instructions for use.*

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Chapter 7, Infection Prevention and Control and Safety, Subchapter II: Safety			
7.II.A.2		Deleted to reduce redundancy with 2016 5.II.C.4	
7.II.K		Edited for clarity	*Food and drink for patient use is stored, prepared, served, and disposed of in compliance with local, state, and federal guidelines.*
7.II.L	7.II.L.1-2	Edited for clarity and separation of decision points	~~Patients are educated about prescribed medical devices and associated protocols and guidelines. Patient competence with each device is verified before independent use.~~ *When a medical device is provided to a patient:* *1. The patient is educated about the use of the device.* *2. Patient understanding of how to use the device is verified before independent use.*
7.II.N		Edited for clarity	Reprocessing of *manufacturer-labeled* single-use devices must comply with FDA regulation *and is limited to devices approved for reprocessing in accordance with* FDA 510(k) clearance.
7.II.P	7.II.Q	Standard divided to separate decision points and order reversed	Products, including medications, reagents, solutions, and supplies that have a manufacturer's printed expiration date are monitored and disposed of in compliance with facility policy and manufacturer's guidelines.
	7.II.P		The organization has a policy for disposal or return of expired medications and supplies that complies with local, state, and federal guidelines.
7.II.Q & R	7.II.R.1-2	Renumbered to combine related Standards while separating decision points	Prior to use, appropriate education is provided to intended operators of newly-acquired devices or products to be used in the care of patients. 1. A designated person is responsible for ensuring that clinical education occurs prior to the use of the devices or products. 2. Vendor representatives are not used as the sole source for clinical education.

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Chapter 8: Facilities and Environment			
8.B.5		Edited for current relevance	Provide reception areas *and* toilets ~~and telephones~~ appropriate for patient and visitor volume.
8.Q		Edited for clarity	~~Ongoing~~ The temperature of items that are frozen, refrigerated, and/or heated *is continuously monitored to ensure that the* product manufacturer's *recommended temperature range is maintained. Recommended* temperature ranges are readily available to staff performing the monitoring function.
Chapter 9: Anesthesia Care Services			
9.A	9.A	Edited for separation of decision points	Anesthesia services provided by the organization are limited to those techniques that are approved by the governing body upon recommendation of qualified professional personnel.
	9.B		Anesthesia is only administered by anesthesiologists, other qualified physicians, dentists, certified registered nurse anesthetists, or other qualified[1] health care professionals approved by the governing body pursuant to with Chapter 2.II.
9.B	9.C.1-2	Rewritten for clarity and separation of decision points	~~Adequate supervision of anesthesia services provided by the organization is the responsibility of one or more qualified physicians or dentists who are approved and have privileges for supervision granted by the governing body.~~ *The organization ensures the appropriate supervision of anesthesia services.* *1. The governing body has approved one or more qualified physicians or dentists as responsible for the supervision of anesthesia services, and has granted privileges for supervision to those responsible for it.* *2. Other qualified health care professionals[1] must be directly supervised by a physician or dentist who has been granted privileges for supervision.*

[1]Other qualified health care professionals are qualified by virtue of education, experience, competence, professional licensure, and state laws, rules, and regulations. Other health care professionals must be approved for the administration of anesthesia by the governing body pursuant to Chapter 2.II.

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Chapter 9: Anesthesia Care Services *(continued)*			
9.C	**9.D**	Renumbered	*Written* policies and procedures…
9.D	**9.E.1-2**	Rewritten for clarity and separation of decision points	*Patients are examined immediately prior to the administration of an anesthetic to evaluate the risks of anesthesia relative to the procedure to be performed.* *1. The examination is conducted by a health care professional privileged to administer anesthesia in accordance with Standard 9.B.* *2. Based on the results of the examination, the health care professional develops and documents a plan of anesthesia.*
9.E	**9.F**	Renumbered	
9.F	**9.B**	Renumbered	Anesthesia is *only* administered by…
9.U.1		Edited for clarity	Organizations…must: 1. Adopt *current* nationally-recognized…
9.Y & Z	**9.Y.1-2**	Combined like topics as elements of one Standard	~~Organizations that provide sedative, hypnotic, or analgesic drugs that do not have an antagonist medication (for example, propofol) will identify who in the organization, as noted in Standard 9.F, is privileged to administer these drugs.~~ *In settings where anesthesia may be provided by other than an anesthesiologist, oral and maxillofacial surgeon, certified registered nurse anesthetist, or an anesthesiologist assistant within his/her scope of practice:* *1. Such personnel must be privileged by the governing body to administer sedative, hypnotic, or analgesic drugs that do not have an antagonist medication (for example, propofol) if these drugs are used.* *2. A written protocol defines how the organization will respond in the event that a deeper-than-intended level of sedation occurs.*
9.AA-BB	**9.Z-AA**	Renumbered	

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Chapter 10: Surgical and Related Services, Subchapter I: General Requirements			
10.I.H & I	**10.I.H.1-2**	Combined and clarified Standards covering one process	The patient provides informed consent for the proposed procedure to be performed. 1. There is documentation that the necessity or appropriateness of the proposed procedure or surgery, as well as alternative treatment techniques, have been discussed with the patient. 2. The organization obtains written informed consent from the patient or the patient's representative before the procedure or surgery is performed.
10.I.J	**10.I.I**	Renumbered	
10.I.K & L	**10.I.J.1-2**	Combined and renumbered	Each operating room is designed, *constructed,* and equipped *to support* the types of surgery conducted. *1. The design and equipment facilitate the physical safety of all persons in the area.* *2. The design, construction, and equipment comply with applicable state and local codes.*
10.I.M	**10.I.K.1-2**	Separated decision points	*Whenever patients are present in the facility, the organization ensures that:* *1. Health care professionals trained in the use of emergency equipment and basic life support (BLS) are present.* *2. At least one physician or dentist is present or immediately available by telephone.*
10.I.N	**10.I.L**	Edited for clarity	With the exception of those ~~tissues~~ exempted *in writing*…tissues removed during surgery…
10.I.O-S	**10.I.M-Q**	Renumbered	
10.I.Q.1		Removed as redundant with 7.II.M	
10.I.T	**10.I.R**	Edited for clarity	~~Organizations that perform~~ If procedures performed pose the risk that blood loss may require blood replacement, the organization must have *written* policies and procedures to address this situation.

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Chapter 10: Surgical and Related Services, Subchapter I: General Requirements *(continued)*			
10.I.U	**10.I.S**	Edited for clarity	The organization must have alternate power ~~adequate for the type of surgery performed is available in operative and recovery areas~~ for OR and PACU areas.
10.I.V	**10.I.T**	Renumbered	
10.I.W	**10.I.U.1-4**	Separated decision points	The organization uses a *written* process to: 1. *Identify and/or designate the surgical procedure to be performed* 2. *Ensure that the person performing the procedure marks the site.* 3. *Involve the patient in the process for surgical site marking.* 4. *Identify the operative tooth by marking a radiograph or dental diagram for dental procedures.*
10.I.X	**10.I.V**	Renumbered and divided Standard to separate decision points	Immediately prior to beginning a procedure, the *provider performing the procedure assumes responsibility for the time out and engages the entire operating team.*
	10.I.W		*During the pre-procedure time out, the following items are verified:* 1. *Patient identification.* 2. *Intended procedure.* 3. *Correct surgical site.* 4. *All equipment necessary for performing the scheduled procedure are immediately available in the operating/procedure room.* 5. *Any implantable devices intended to be used during the procedure are prepared before the procedure and available.*

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Chapter 10: Surgical and Related Services, Subchapter I: General Requirements *(continued)*			
10.I.Y	10.I.X.1-4	Renumbered and expanded Standard for clarity and to separate decision points	*The organization has a written process that requires:* *1. Identification of the types of procedures requiring counts of sponges, sharps, and instruments.* *2. A count before the start of the procedure and before skin closure.* *3. Reporting the start and end count to the surgeon.* *4. Documentation of the counts in the patient's record.*
10.I.Z	10.I.Y	Renumbered and separated decision points	The organization has written guidelines for internal transfer of care from one provider to another. These guidelines address: 1. Information to be transferred about a patient's care, including treatment/services, current condition, and any recent or anticipated changes. 2. How the information will be communicated among members of the health care team.
10.I.AA	10.I.Z	Renumbered and edited for clarity	The organization follows established protocols for instructing patients in self-care after surgery and provides written instructions to patients ~~who receive moderate sedation/analgesia, deep sedation/analgesia, regional anesthesia or general anesthesia.~~
10.I.BB-CC	10.I.AA-BB	Renumbered	
Chapter 10: Surgical and Related Services, Subchapter III: Renal Lithotripsy Services			
10.III.B		Edited for clarity	*The organization has written* radiation safety and quality control policies and procedures regarding patient and staff exposure that are periodically reviewed by a qualified individual.

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Chapter 12: Pathology and Medical Laboratory Services In the 2016 edition of the Standards, the separation of Chapter 12 into subchapters has been eliminated.			
12.A		Edited for clarity	An accreditable organization: 1. Meets the requirements for waived tests or provider-performed microscopy under CLIA (part 493 of Title 42 of the Code of Federal Regulations) ~~if it performs its own laboratory services, performs only waived tests and/or provider performed microscopy tests,~~ and has obtained a Certificate of Waiver and/or a Provider Performed Microscopy Certificate, and/or *a CLIA Certificate, as appropriate for the lab services provided.* 2. Has procedures for obtaining routine and emergency laboratory services *outside of its capabilities* from a certified *external* laboratory to meet patient needs.
12.B-C.1-5	12.B.1-4	Combined to reduce redundancy; renumbered	Pathology and medical laboratory services provided or made available are appropriate to the needs of the patients and adequately support the organization's clinical capabilities. ~~1. Conducting laboratory procedures that are appropriate to the needs of the patients.~~ *1. Tests are performed in a timely manner.* *2. Test results are distributed and copies of the results are maintained.* *3. Appropriate quality control procedures are performed and documented including, but not limited to, calibrating equipment periodically and validating test results.* *4. Staff with laboratory responsibilities have adequate training and demonstrated competence.*
12.D	12.C	Renumbered and edited for clarity	The organization has a policy to ensure that test results are reviewed *and acknowledged in writing (manually or electronically) by* the ordering physician *or qualified designee.*

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Chapter 12: Pathology and Medical Laboratory Services *(continued)* In the 2016 edition of the Standards, the separation of Chapter 12 into subchapters has been eliminated.			
12.II.E-I	12.D-H	Renumbered	
12.II.J	12.I	Edited for highlight applicability	*If the lab is testing for Department of Transportation (DOT) regulated industries or federal agency employees,* the requirements of the…
Chapter 13: Diagnostic and other Imaging Services			
13.A-B.1	13.A	Combined related elements	
13.B.2	13.B	Renumbered and moved from element to full Standard	~~Interpreting images and ensuring~~ *Image interpretation* is appropriately documented in a timely manner.
13.B.3	13.C	Renumbered and moved from element to full Standard	~~Maintaining appropriate~~ Records or reports of services provided *are maintained*.
13.B.4	13.D	Renumbered and moved from element to full Standard	~~Providing adequate~~ Space, equipment, and supplies *are sufficient* to ensure the provision of quality services.
13.C	13.E	Renumbered	
13.D.1-4	13.F.1-4	Renumbered and edited for clarity	Policies *and procedures* that address… 1. Regulation of the use, removal, handling, and storage of potentially hazardous materials, *if present.*
13.E-L	13.G-N	Renumbered	
Chapter 14: Dental Services			
14.II.B.12, C.8, D.5, E.7	14.F	Combined in new Standard to reduce redundancy	Electronic data management is continually assessed as a tool for facilitating the Standards above.

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Chapter 18: Teaching and Publication Activities			
18.A.1-5	18.A.1-4	Element removed, others renumbered	~~1. The terms and conditions of reimbursement or other compensation.~~
18.C.1-2	18.C.1	Element removed, edited for clarity	*The organization adopts* written policies regarding publishing activities that address: 1. The need for governing body approval of all publications that are *either* attributed to or result from care *provided by* the organization. ~~2. Governing body approval of the terms and conditions of compensation from publication and the cost of publication.~~
Chapter 25: Medical Home			
25.A		Edited for clarity	Relationship – communication, understanding, and collaboration (in this context, ~~"physician"~~ *"provider"* refers to the physician-, nurse practitioner-, physician assistant-, *or behavioral health professional*-directed health care team). 1-14, ~~physician~~ *provider*
25.B.5, C.8, D.12, E.7	25.F	Combined in new Standard to reduce redundancy	Electronic data management is continually assessed as a tool for facilitating the Standards above.
25.C.2.f		Edited for clarity	Comprehensiveness of care 2. The Medical Home scope of services includes, but is not limited to: f. *Documented discussion regarding* end-of-life *or palliative care, as appropriate.*