A newsletter of the Accreditation Association for Ambulatory Health Care, Inc.

AAAHC

# triangletimes

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Exterior of TCC's primary facility, Chief Andrew Isaac Health Center, in Fairbanks, Alaska

## Spotlight on:

# Tanana Chiefs Conference

For over 10,000 years, an indigenous, nomadic people have hunted, trapped, and fished the 45 million acres—roughly 31% of Alaska—that the Tanana Chiefs Conference (TCC) now serves. The story of these tribes attests to a spirit of self-determination, perseverance, and commitment to community in a richly resourced, but harsh and isolated environment.

### BEGINNINGS

In 1741, the Russian Empire conquered a small area of Alaska intending to colonize it. More than a century later those efforts were abandoned and Russia sold its territorial claim to the United States. While no local Native tribes or chiefs were consulted during the negotiations, the 1867 sales agreement included language requiring the U.S. to settle land claims of the indigenous people.

Once the U.S. took ownership of the land, the area began to see an influx of non-Native settlers, in part, due to a local gold strike. Tanana, meaning "the place where two rivers meet," was an important point of contact between Native tribes and settlers, a crossing of cultures that also brought conflict. Land disputes erupted between settlers and Natives over the deeding and ownership of hills, streambeds, and rivers, land that, for the tribes, had been traditionally open and free.

### FORMATION OF TCC

In the latter half of the twentieth century, Alaska became a state (1959), and in 1962, at a meeting of 32 surrounding villages in Tanana, Dena' Nena' Henash (dba Tanana Chiefs Conference) was incorporated.

A decade later, TCC successfully bid to receive grants from the state of Alaska to provide health care, social services, and public safety services to all residents of metropolitan Fairbanks and smaller interior Alaska villages. In the mid-1980s, TCC began clinical operations by assuming management of the Alaska Native Health Center in Fairbanks, renaming it Chief Andrew Isaac Health Center (CAIHC) after a traditional tribal leader of the region.

Today TCC operates 25 facilities, ranging from the health center in Fairbanks, to 24 sub-regional clinics serving 16,000 Alaska Natives and American Indians. TCC also serves 700 non-Native veterans through an agreement with the U.S. Veterans Administration. The governing body for the organization's health services is the TCC Regional Health Board. This group consists of eight tribal members from within the TCC region. The larger organization, which provides many other social and community development services, is made up of 42 members representing 37 federally recognized tribes. Today TCC employs 950 people with an average operating budget of $155 million.

During the 2012 construction of the new CAIHC, cultural items and earth from the villages served by the facility were brought and incorporated into the building and its grounds. This goes to the heart of the organization's inclusivity: everyone is welcome; everyone is invested; everyone "owns" the facility.

*continued on page 6*

During the 2012 construction of the new CAIHC, cultural items and earth from the villages served by the facility were brought and incorporated into the building and its grounds. This goes to the heart of the organization's inclusive approach to healthcare: everyone is welcome; everyone is invested; everyone "owns" the facility.

Interior of the Chief Andrew Isaac Health Center with cultural items from surrounding villages served by TCC

## In Memoriam: Dr. John E. Burke

AAAHC is saddened to announce the passing of former AAAHC president and CEO, Dr. John E. Burke.

Dr. Burke retired in June 2015, after 18 years with AAAHC and, over the course of his career, more than 40 years' experience in healthcare. On the eve of his

*continued on page 2*

## Standard Bearer

Standard 5.I.C is the infamous "quality improvement study Standard." Its 10 elements are the components of an ongoing cycle of improvement.

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## Surveyor spotlight

"Understanding the rigors that an accredited center has had to meet or exceed in order to achieve that accreditation makes me feel more comfortable as a health care consumer when seeking care for myself or others."

*Page 7*

## New look for 2018 Standards

The next edition of the *Accreditation Handbook for Ambulatory Health Care*—the version of our handbook that is used by all organizations except ASCs that participate in the Medicare Deemed Status program—will present the AAAHC Standards with a different look. While there are only minimal changes to the content of the Standards, they have all been redrafted to reflect a big picture view followed by a set of descriptors or "elements of compliance" that reflect specific, yes-no decision points. These elements of compliance should provide for a closer alignment between an organization's self-assessment and that of an on-site surveyor.

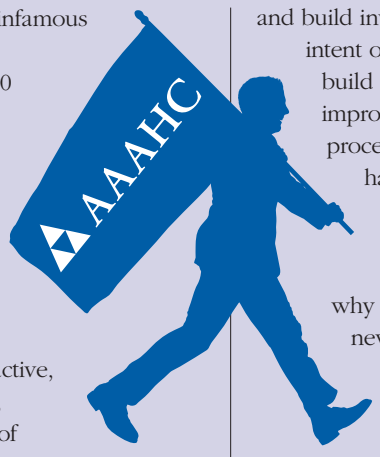
For example, Chapter 1, Patient Rights and Responsibilities, intends to emphasize patient-centeredness as essential to an accreditable organization. The current handbook reads:

1.A *Patients are treated with respect, consideration, and dignity.*

The next four Standards, 1.B-E, address personal privacy, provider-patient communication, patient engagement and shared decision-making. For 2018, Standard 1.A has not changed, but Standards 1.B, C, D, and E will become the "elements of compliance" that serve to describe what we intend by "respect,

*continued on page 3*

# Standard Bearer: 5.I.C.10 Communication of QI results




Standard 5.I.C is the infamous "quality improvement study Standard." Its 10 elements reflect the components of a completed quality improvement cycle that demonstrate to your AAAHC surveyor that your organization has an active, ongoing, data-driven, peer-based program of quality improvement.

While the elements are not steps to be completed in a particular order, depending on how frequently (and by what means) your organization reports on quality activity, 5.I.C.10 may represent a culmination before an improvement cycle begins again.

### THE STANDARD

5.I.C. *The organization demonstrates that ongoing improvement is occurring by conducting quality improvement studies when the data collection processes described in Standard 5. I. B indicate that improvement is or may be warranted. Written descriptions of QI studies document each of the following elements, as applicable:*

10. *Communication of the findings of the quality improvement activities to the governing body and throughout the organization, as appropriate, and incorporation of such findings into the organization's educational activities ("closing the QI loop").*

### INTENT OF THE STANDARD

In order to integrate quality improvement throughout an organization, it's important to communicate priorities and celebrate success. Other elements of Standard 5.I.C require data collection and analysis to drive goal-setting. When a target is missed or analysis shows a declining trend in performance, widespread knowledge of the opportunity for improvement can lead to innovative solutions. Sharing issues that have been identified in order to prioritize and build investment in change is one intent of 5.I.C.10. A second is to build a culture of continuous improvement by formalizing the process. Once a corrective action has been taken and proven successful, its sustainability depends on telling the story of what happened, why it happened, and how the new, improved state will be maintained.

### MEETING THE STANDARD

The ten elements of Standard 5.I.C create a structure for quality improvement. Other models are equally valid and easily align with the AAAHC structure. For example, many organizations like the PDSA (Plan, Do, Study, Act) model for its emphasis on QI as a cycle.

For AAAHC, a quality improvement study is documentation that an improvement opportunity was identified, a corrective action undertaken, and a sustainable improvement the result. The ten elements of Standard 5.I.C create a framework and describe the components that should be included in your documentation. The chart below shows how the PDSA model can crosswalk with these elements. However, PDSA starts with setting an objective or goal and AAAHC recommends that the search for a meaningful QI study begin with a review of data that your organization is already collecting and an evaluation of your performance against benchmarks—your own (internal) or those of like organizations (external). If you find that you are not meeting the benchmark, then you have identified a study opportunity. This is the point at which the PDSA cycle of activity begins.

| | |
|---|---|
| **P PLAN**<br>▪ Objective<br>▪ Prediction<br>▪ Data Collection Plan | **Standard 5.I.C.1**<br>*A statement of the purpose ...*<br>**Standard 5.I.C.2**<br>*Identification of the measurable performance goal ...*<br>**Standard 5.I.C.3**<br>*A description of the data that will be collected…to determine current performance.* |
| **D DO**<br>▪ Collect the data<br>▪ Begin data analysis | **Standard 5.I.C.4**<br>*Evidence of the data collection.*<br>**Standard 5.I.C.5**<br>*Data analysis…* |
| **S STUDY**<br>▪ Complete the data analysis<br>▪ Compare data to prediction<br>▪ Summarize what you learned | **Standard 5.I.C.5 (continued)**<br>*…findings about the frequency, severity, and source(s) of the problem(s).*<br>**Standard 5.I.C.6**<br>*A comparison of the organization's current performance against the performance goal.* |
| **A ACT**<br>▪ Plan the next cycle<br>▪ Determine if the change can be implemented | **Standard 5.I.C.7**<br>*Implementation of corrective action...*<br>**Standard 5.I.C.8**<br>*Re-measurement...*<br>**Standard 5.I.C.9**<br>*… additional corrective action…*<br>**Standard 5.I.C.10**<br>*Communication of the findings…* |

### ADDITIONAL QI RESOURCES

**For benchmarking**

Each year, we release *AAAHC Quality Roadmap*, an annual summary of high-frequency deficiencies from all surveys performed under the prior year's Standards. You can use this publication in conjunction with your survey report to see how your organization is performing on individual Standards compared to peers. Free digital copies of the 2016 edition of *AAAHC Quality Roadmap* can be found at www.aaahc.org/institute/Quality-Roadmap.

**For data-driven results**

Registration is open for July-December 2017 benchmarking studies. Review topics and register for currently available studies at www.aaahc.org/institute/Benchmarking.

**For developing a QI program/understanding the QI process**

*Illuminating Quality Improvement* is a workbook used at our *Achieving Accreditation* seminars that is now available as a self-study tool. It's available for purchase at www.aaahc.org/publications.

**For recognizing excellence**

Nominations are open for the Bernies! *The Bernard A. Kershner Innovations in Quality Improvement Award* is awarded for QI studies in surgical/procedural and primary care categories. Six finalists (three for each type of setting) are announced in November and present their studies at *Achieving Accreditation* in March when winners are announced. For more details, visit

http://www.aaahc.org/institute/QI-awards/ ▲

## In Memoriam: Dr. John E. Burke, *continued from page 1*

retirement, Dr. Burke reflected on his tenure at AAAHC, saying, "It has been an incredible privilege to serve an organization with so many talented people who are all committed to the same mission."

As an undergraduate, Dr. Burke double majored in communications and political science. While studying for a doctorate, he took a job at a local television station. However, his focus shifted from broadcast communications when he was appointed head of the Department of Medical Communications within the School of Allied Medical Professionals at The Ohio State University. As he observed in a 2014 interview, "from that point to this, I've worked at the intersection of communications and health care."

Dr. Burke earned his MFA from Ohio University in 1966 and his PhD from The Ohio State University in 1971. He later worked in the College of Associated Health Professions at the University of Illinois at Chicago as an associate dean and professor. Prior to joining AAAHC in 1997, Dr. Burke managed programs in medical communications and scientific relations for Abbott Laboratories in Abbott Park, Illinois.

Under Dr. Burke's leadership, AAAHC grew significantly and experienced tremendous financial success. Landmark achievements during his tenure include: increasing the number of AAAHC-accredited organizations from approximately 600 to 6,000; expanding skilled support staff from eight full-time employees to more than 65; founding the AAAHC Institute for Quality Improvement in 1999 to provide opportunities for ambulatory health care organizations to benefit from performance measurement and benchmarking; launching the first Medical Home accreditation program based on on-site review in 2009; establishing of AAAHC International (now Acreditas Global) in 2010.

Employees who worked with him over the years remember Dr. Burke as a mentor who encouraged them by emphasizing their strengths and focusing on the positive.

Beyond communications and healthcare, Dr. Burke was a passionate collector. In 2015, he published a memoir, *Never Enough: Confessions of a Capricious Collector*, a personal and knowledgeable account of his growth as a collector of netsukes, Persian carpets, walking sticks, and antique watches.

Dr. Burke is survived by his wife, Mary Kay, their three children, Elizabeth, John, and CC, and many loving grandchildren and great-grandchildren. ▲

# Welcome to our newly accredited organizations

Congratulations to the 116 new organizations accredited by AAAHC between January 1 and June 30, 2017.

**ALASKA**
Eric Nordstrom, DDS, MD, Inc.
Surgery Center of Kenai, LLC

**ARIZONA**
AKDHC Surgery Center, LLC
Central Arizona GI and Liver Institute, LLC
Heart and Vascular Surgical Center, LLC
Pima Heart ASC, LLC

**CALIFORNIA**
Aditya Verma MD, Inc.
Affinity Surgery Center, Inc.
Bloss Memorial Healthcare District
Buena Vista Surgery Center
Cascade Health Partners, LLC
College Area Pregnancy Services
Concierge Surgical Center, LLC
Native American Health Center, Inc.
Newport Institute of Minimally Invasive Surgery
OC Multi Specialty Surgery Center, Inc.
Orchard Creek Surgery Center
Pacific Ambulatory Surgery Center, LLC
Pacific Coast Surgical Center, LP
Palo Alto Medical Foundation for Health Care Research
Southern California Head & Neck Surgery Center
Sutter Bay Medical Foundation
Total Health Surgery Center, LLC
Universal Care Surgery Center, LLC

**COLORADO**
Audubon Ambulatory Surgery Center, LLC
Northglenn Endoscopy Center, LLC
Plan de Salud del Valle, Inc.

**CONNECTICUT**
HHC Hartford Surgery Center, LLC
Summer Street ASC, LLC

**DISTRICT OF COLUMBIA**
National Postal Mail Handlers Union (health plan)

**FLORIDA**
Advanced Center for Surgery, LLC
Atlantic CardioNet, LLC
Belkys Bravo, MD, PA
Children's Health Alliance, LLC
Maria E. Mora, MD, PA
Mariano D. Cibran, MD, Corp
Miami Surgery Center, LLC
Nirmala, Inc.
Orthopedic Surgery Center of Palm Beach County, LLC
St. Anthony's Physician Surgery Center
Trinity Surgery Center, LLC
Volusia Orthopaedic Trauma Call Associates, LLC

**GEORGIA**
Beacon of Hope
Caring Solutions of Central Georgia, Inc. (dba CORE Healthcare for Women of Central Georgia)
Coosa Procedure Center
Georgia Skin Cancer Surgery Center, LLC
Midtown Surgery Center
NASA Surgery Center
Resurgens East Surgery Center, LLC
West Paces Surgery Center, LLC

**ILLINOIS**
Advocate Condell Ambulatory Surgery Center, LLC
Union Health Service, Inc. (health plan)

**INDIANA**
Goshen Health Surgery Center, LLC
Interventional Pain Management, LLC
LPC Surgery Center, LLC

**KANSAS**
Vargas Face and Skin Center

**KENTUCKY**
Dental SurgiCenter of Louisville, Inc.

**MARYLAND**
ASC Development Company, LLC – Bowie
ASC Development Company, LLC - Germantown
ASC Development Company, LLC - Glen Burnie
ASC Development Company, LLC - Pikesville
ASC Development Company, LLC - Rockville
ASC Development Company, LLC - Silver Spring
ASC Development Company, LLC - Waldorf
ASC Development Company, LLC - White Marsh

**MASSACHUSETTS**
Mashpee Service Unit
West Suburban Eye Surgery Center, LLC

**MICHIGAN**
DDS-Tapestry, LLC
Executive Ambulatory Surgery Center, LLC
Flint Region ASC
Genesys Surgery Center, LLC
Great Lakes Surgery Center, LLC
Michigan Cosmetic, PC

**MINNESOTA**
Twin Cities Surgery Center

**MISSOURI**
Government Employees Health Association, Inc. (health plan)

**MONTANA**
New Hope Clinic

**NEVADA**
Leo J Capobianco, DO, Ltd.

**NEW JERSEY**
Hamilton Surgical Services, PA
Health Plus Surgery Center, LLC
Retina Consultants Surgery Center
The Center for Advanced Oral & Facial Surgery, LLC

**NEW YORK**
CNY Facial Surgery Group, PC
East 56th Street Medical, PLLC
Elan B. Singer, MD, PC
Long Island Digestive Endoscopy Center, LLC
New Look New Life Cosmetic Surgical Arts PLLC
Surgery of Tomorrow, LLC

**NORTH CAROLINA**
C Healthcare Associates, Inc.
Holly Springs Surgery Center, LLC
Mountain Area Health Education Center, Inc.
Rockford Digestive Health Endoscopy Center, PA

**OHIO**
Anderson Endoscopy Center, LLC
New Horizons Surgery Center
Surgery Center at Corporate Way, LLC

**OREGON**
Dental Service, LLC

**PENNSYLVANIA**
Allegheny Health Network Surgery Center - Bethel Park, LLC
Ridley Crossings Surgical Center
West Shore Pain and Spine Institute, LLC

**SOUTH CAROLINA**
Carolinas Ambulatory Surgery, Inc.
Lucas Facial Plastic & Cosmetic Surgery Center
Upstate Affiliate Organization

**TENNESSEE**
Surgicare of Southern Hills, Inc.

**TEXAS**
Bluebonnet Surgery Pavilion, LLC
Crenshaw Ambulatory Surgery Center, LLC
RYMD Surgery Center, LLC
Saratoga Surgical Center, LLC
West Gray Center for Special Surgery
Woodridge Surgical Center, LLC

**VIRGINIA**
Independent Associates, PC
Radiologic Associates of Fredericksburg
Reston Endoscopy Center

**WASHINGTON**
Lewis County Community Health Services

**WISCONSIN**
BJOSC at Plover, LLC

**GUAM**
Calvo's SelectCare underwritten by Tokio Marine Pacific Insurance (health plan)

**PANAMA**
PCABP - AJAC Administered by AXA Assistance (health plan)

**VIRGIN ISLANDS**
Paradise Surgical, LLC



**New look for 2018 Standards,** *continued from page 1*

consideration, and dignity."

Similarly, there are many current Standards that include multiple decision points. When this is the case, it can be challenging to decide whether the presence of some of the parts constitutes "substantial" or "partial" compliance. For 2018, these Standards have been edited into separate elements that can be evaluated more directly as yes (the element is present), no (the element is not present), or NA (the element is not applicable to this organization).

Following each Standard and its elements of compliance, the new handbook will show a chart that defines, based on the number of "yes" answers, whether the Standard can be rated Fully, Substantially, Partially, Minimally, or Non-compliant.

This rating methodology has been in use since 2012 for our health plan accreditation programs where it has proven to increase clarity of intent. We believe our primary care and surgical customers will appreciate this approach as well.

### ELIMINATING SURPRISES

By providing more specificity around what AAAHC surveyors will be looking for, there should be few, if any, surprises at the time of an on-site survey, and more confidence within an organization about the outcome of an accreditation or re-accreditation application. We believe that organizations will be better prepared and will appreciate the increased transparency of how they are being evaluated.

Educational programs will use the new Standards as their reference beginning with the September *Achieving Accreditation* program. They will become effective for surveys beginning on or after March 1, 2018. Information about how to access the new handbook will be provided by email by October 1.

Although ASCs in the Medicare Deemed Status program will not see the same changes in the handbook they use—though CMS Conditions for Coverage have always been rated as Compliant or Non-compliant—we do expect to release a revised version of the *Accreditation Handbook for Medicare Deemed Status Surveys* later this year. ▲

# Calendar

■ = education ■ = outreach

## July 2017

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| 30 | 31 | | | | | |

**Dates**

*Connection* published

*Triangle Times* published

Registration open for July-Dec. 2017 benchmarking studies http://www.aaahc.org/en/institute/Benchmarking/

**10** Applications open for the *Bernard A. Kershner Innovations in Quality Improvement Award* ("The Bernies") www.aaahc.org/institute/QI-awards/

## August 2017

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**Dates**

**6-9** National Conference of State Legislators (NCSL) Boston, MA (exhibit)

**11-13** American Society for Gastrointestinal Endoscopy (ASGE) Hollywood, CA (exhibit)

**23** Early Bird registration deadline for September *Achieving Accreditation*

**27-29** National Association of Community Health Centers (NACHC) San Diego, CA (exhibit & speaker)

## September 2017

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| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

**Dates**

*Connection* published

**6-8** California Ambulatory Surgery Association (CASA) Indian Wells, CA (exhibit & speaker)

**22** Applications close for the Bernies

**22-23** *Achieving Accreditation* (Washington, DC)

**30** Benchmarking study reports from January-June 2017 available for purchase

# Legislative updates

**CMS PROPOSES NEW RULE TO MAKE SURVEY REPORTS PUBLIC**

AAAHC has written a response to proposed rule changes to 42 CFR §488.5 requiring accreditation organizations (AOs) to post final accreditation survey reports and acceptable plans of correction (PoCs) for organizations participating in the Medicare deemed status program on the public-facing website maintained by the AO.

While AAAHC supports CMS in its initiative to assist consumer decision-making through transparency, we believe the proposal will not support that goal. The significant variation in survey report format across the industry (thereby making researching and comparing AOs more difficult) will cause confusion among consumers who may not have knowledge and understanding of accreditation or the relationship between accreditation and the Medicare Deemed Status program. AAAHC believes there may be more effective ways to address this concern by engaging a panel of accreditation organizations, experts, and other stakeholders.

For the complete response, please go to: http://bit.ly/2t10Y3c

**FLORIDA**

**Florida passes 24-Hour stays for ASCs**

In March, the Florida State Senate passed Bill 145 which extends the amount of time a patient can stay in an ASC. Traditionally, an ASC is defined as a facility, not affiliated with a hospital, that provides elective surgical care—the caveat being that patients must be treated and discharged on the same calendar day. Bill 145 extends an ASC stay for patients to 24 hours.

According to proponents of the bill, allowing ASCs to keep patients overnight will help defray costs of procedures. In the current environment, if a patient is unable to be discharged by closing time, that patient must be transported to a hospital, raising the overall cost.

Florida's Agency for Health Care Administration (AHCA), the chief health policy and planning entity for the state, reported between June 2015 and June 2016, freestanding ASC averaged charges ranging from $3,034 to $7,902 and hospital-based ASC/outpatient facilities averaged charges ranging from $8,669 to $28,624. Based on this data, the numbers appear to support decreased cost.

ASCs in Florida accredited by AAAHC that begin offering extended hours and 24-hour stay options will be responsible for Standards in Adjunct Chapter 20, "Overnight Care and Services."

**KENTUCKY**

**AAAHC recognized for Health Plan accreditation in Kentucky**

In March, Kentucky Governor, Matt Bevin, signed legislation which named AAAHC as a recognized health plan accreditation organization in the state.

The relevant section of the legislation reads, "'Nationally recognized accreditation organization' means a private nonprofit entity that sets national utilization review and internal appeal standards and conducts review of insurers, agents, or independent review entities for the purpose of accreditation or certification. Nationally recognized accreditation organizations shall include the Accreditation Association for Ambulatory Health Care (AAAHC)."

> "AAAHC believes there may be more effective ways to address this concern."

Tom Tassone, AAAHC Director of Health Plans, and AAAHC attorney, Ann Carrera, have been leaders in presenting AAAHC as a resource to state legislators dealing with the complexity of health care issues. ▲

# Meet the AAAHC staff

**TAMMY FAGAN**
APPLICATION COORDINATOR

For Tammy Fagan, one of the most important components of her role in Accreditation Services is the personal interaction with organizations. Many times, she observes, the caller on the other end of the phone is unfamiliar with the accreditation process. "Maybe the person is a new hire who was just handed this responsibility. They need some assurance," she says, "that AAAHC and I will be with them every step of the way."

In 2014 Tammy came to AAAHC on a temporary assignment and transitioned to her current position as Application Coordinator serving East Coast ASCs six months later.

"Our customers have a choice of accrediting bodies," she says, "and when a potential client calls, I feel we have to quickly demonstrate the benefits of choosing AAAHC. One of the most important parts of my job is the advocacy role, one that says, 'I am someone you can talk to. I'm on your side.'"

Coming to AAAHC was a "huge transition" for Tammy. For seven years, she worked as a frame shop manager for a popular hobby and craft store chain. In 2009 she went back to school, and in 2011 she graduated with a degree in Business Administration. To satisfy a "yearning" (as she describes it) for advocacy and law, she completed a paralegal degree in 2013. Eventually, she found her way to AAAHC. "I trained for three months, and then had my three-month probationary period. After that I was hired as a full-time employee of AAAHC."

> "Our customers have a choice of accrediting bodies, and when a potential client calls, I feel we have to quickly demonstrate the benefits of choosing AAAHC. One of the most important parts of my job is the advocacy role, one that says, 'I am someone you can talk to. I'm on your side.'"

For Tammy, the importance of accreditation from a patient's perspective comes down to, "am I going to be safe?" From an organization's perspective, she views AAAHC as providing guidance and consultation to help them build their business by offering the highest level of patient care. "The Standards provide a framework," observes Tammy, "the information that facilities need to provide quality care and operate effectively. They also move organizations from being reactive to proactive. Rather than addressing a problem after it has occurred, the Standards address pitfalls and allow for troubleshooting, if needed, to head off any potential issues for the future."

When Tammy is not calming jittery-sounding callers or fielding questions about the application process, she has a range of interests like reading, cooking, and photography. She is one of the founding members of AAAHC Book Club which meets quarterly and is entering its second year of discussing member-selected books. She is also rumored to make a knock-out Shrimp Veracruzana [see recipe below]. The key, she hints, is using all fresh ingredients.

Another hobby is bicycling. For the past 12 years, Tammy has participated in the Apple Cider Century Ride in Three Oaks, Michigan. It is an early fall, one-day event spanning 100 miles, that takes riders through small towns and rural backroads. "It is a lovely time of the year and this is not a race. We ride at our leisure without any pressure to complete the entire 100 miles. While we ride, we stop along the way. I always bring my camera and take pictures of the scenery and the people. It's a time to enjoy the weather and spend the day with close friends."

At AAAHC, Tammy has no time for such a leisurely pace. Her day, from start to finish, is focused on providing customer service to organizations preparing for an accreditation survey. "I know I am the initial contact and help put a human face on the process." ▲


## Tammy's Shrimp Veracruzana

**INGREDIENTS**

- 2 teaspoons olive oil
- 1 bay leaf
- 1 medium onion, halved and thinly sliced
- 2 jalapeno peppers, seeded and finely chopped
- 4 cloves of garlic, minced
- 1 pound peeled and deveined shrimp (Larger shrimp 16-20 per pound)
- 4 Roma tomatoes, diced
- ¼ cup thinly sliced pitted green olives
- 1 lime cut into wedges
- 1 large avocado, cut into slices

**PREPARATION**

Heat oil in a large nonstick skillet over medium heat. Add bay leaf and cook for 1 minute. Add onion, jalapenos, and garlic, cook, stirring until softened, about 3 minutes. Stir in shrimp, cover and cook until pink, just cooked through, 3-4 minutes. Stir in tomatoes and olives. Bring to a simmer, reduce heat to low, replace cover and cook until the tomatoes are almost broken down, 2-3 minutes more. Remove bay leaf. Serve with lime wedges and sliced avocado.

*** In the winter months my family likes it served over rice.

**** As a variation, skinless, boneless chicken breasts can be used instead of the shrimp. Cooking time for the sliced chicken breast is 5-7 minutes, until no longer pink and cooked through.

Last year, the health system supported 147,000 patient visits, 129,000 of them at CAIHC. The approach to health and wellness is holistic. The center offers a full range of services which include: diabetes care, immunizations, obstetric care, orthopaedics, pediatrics, radiology, women's health, dental, optometry, physical therapy, acupuncture, and internal medicine, among others. As a community resource, the facility also includes a fitness center offering a range of classes, such as yoga and Zumba.

### AAAHC AND TCC

Three facilities beneath the umbrella of Dena' Nena' Henash—which translates as "Our Land Speaks"—were surveyed in 2016: the Chief Andrew Isaac Health Center, and two sub-regional clinics.

Ms. Amber Jordan, who served as TCC Health Services' quality director at the time, was onsite for the CAIHC reaccreditation survey and considers it a very positive experience. "We appreciated the fact that one of the surveyors had worked in tribal healthcare and also had participated in Alaska tribal surveys. Sometimes surveyors may not understand the challenges faced in providing healthcare in this type of location. Since we were accrediting not only our main facility but also two of our rural clinics, it helped to have surveyors who had prior experience and understood some of the environmental obstacles we deal with."

> "The surveyors were complimentary of our staff and made them comfortable. There was no hand slapping; it was not just people coming in and checking boxes. They were there to really help us improve, where necessary, but were quick to point out the positive as well."

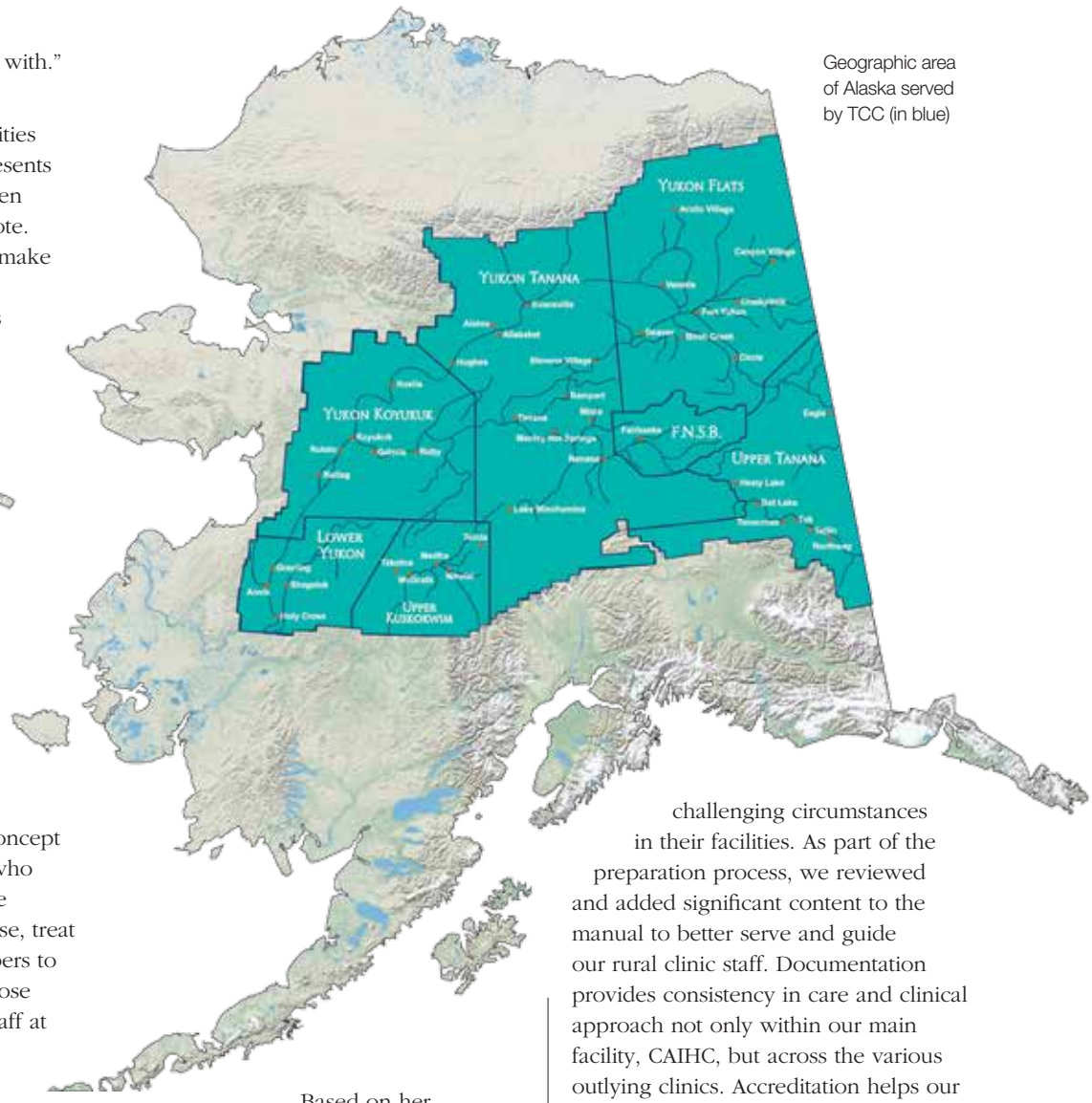
### GEOGRAPHIC CHALLENGE TO CARE

Providing healthcare to communities across a vast geographic area presents unique difficulties, especially when some regions are extremely remote. Access and geographic isolation make emergency care difficult. To address these problems, TCC has the Community Health Aide/ Practitioners Program (CHAP), a program unique to Alaska. There are approximately 550 aides/practitioners in Alaska, who serve as the frontline healthcare providers in over 170 rural Alaska villages. They are trained as providers within a defined scope of practice and work within the guidelines of the *Alaska Community Health Aide Practitioner Manual* under the license of a physician. The concept is that community health aides, who are employed by tribal healthcare organizations, can assess, diagnose, treat and refer their community members to the medical care they need, in close collaboration with the medical staff at the tribal health organizations in larger hub-communities.

One AAAHC surveyor observed, "Their geographic coverage area is 31% of the state of Alaska. They are serving patients who live on interior rivers with access by water only—no roads, trains or landing strips (though in some cases, you can land small planes). There is no electricity or running water in the homes. The organization's focus on the patient extends far beyond the clinic walls and it does an excellent job of providing care where, when, and how the patients want and need services."

### ACCREDITATION AND QUALITY OF CARE

Beyond the challenges of geography, there are also chronic health issues within the Alaska Native community, including diabetes, heart disease, cancer, and behavioral health issues.




Geographic area of Alaska served by TCC (in blue)

Based on her experiences preparing the organization for past surveys and accompanying the survey team during the 2016 site visit, Ms. Jordan feels the accreditation process strengthens the organization and improves the care it provides. The benefits of accreditation are two-fold, according to Ms. Jordan: 1) a focus on improving the quality of care and 2) Standards which provide a solid administrative infrastructure to support high-quality clinical operations.

"The process of preparing for a survey helps us maintain consistency across the organization. For example, we had a long-standing infection control manual, but it was primarily focused on our large, more urban facility. It just didn't have much guidance for our rural health staff, who have far more challenging circumstances in their facilities. As part of the preparation process, we reviewed and added significant content to the manual to better serve and guide our rural clinic staff. Documentation provides consistency in care and clinical approach not only within our main facility, CAIHC, but across the various outlying clinics. Accreditation helps our facilities by providing a roadmap for improvement."

She adds, "the surveyors were complimentary of our staff and made them comfortable. There was no hand slapping; it was not just people coming in and checking boxes. They were there to really help us improve, where necessary, but were quick to point out the positive as well."

American Indian and Alaska Native tribes recognize and honor the heritage passed down to them by their ancestors. The spirit that motivated the founders of Dena' Nena' Henash continues to inspire the current generation as it looks to the future.

Following the 2016 AAAHC survey, one surveyor observed, "This is an extremely well run organization focused on the health and well-being of the patients it serves. The vision, "healthy people across generations," drives activities across the organization. The definition of health is broad in scope, including spiritual, physical, mental, and emotional wellness." ▲

TCC offers a full range of services including obstetrics care and women's health.

# Surveyor spotlight

**BEVERLY PRIMEAU, RN**

To say that Beverly Primeau has devoted her life to health care is certainly not hyperbole. Her credentials are impressive and her experience and scope vast.

Ms. Primeau has been an operating room nurse for over 25 years and is certified both as a registered nurse first assistant (CRNFA) and an ambulatory surgery center administrator (CASC). Additionally, she is a past Vice President of the New Hampshire Ambulatory Surgery Association. During her 11-year tenure, she was involved in the start-up of the Concord Ambulatory Surgery Center and, as the facility's administrator, successfully guided it through four AAAHC surveys.

Since 2012, Ms. Primeau has been surveying for AAAHC. She learned about the opportunity to survey while working at the Concord Ambulatory Surgery Center.

> "Understanding the rigors that an accredited center has had to meet or exceed in order to achieve that accreditation makes me feel more comfortable as a health care consumer when seeking care for myself or others."

"Dr. Paul Allen was our AAAHC survey chair, and at the conclusion of the survey told me I'd be a good surveyor. He asked me to consider training for the position, which I did, and I decided to give it a try. Although our previous surveys had all ended successfully, I felt the experience of doing the work of a surveyor would help prepare me for future surveys at our facility and would broaden my credibility as an expert in my field."

Ms. Primeau believes the greatest benefit of AAAHC is its commitment to upholding expectations of the care provided in ASCs to the highest standards of quality and safety. "Understanding the rigors that an accredited center has had to meet or exceed in order to achieve that accreditation makes me feel more comfortable as a health care consumer when seeking care for myself or others."

### PRIDE IN LEARNING

Clearly the flame of the AAAHC mission burns brightly in Ms. Primeau. She feels that every center which undertakes the accreditation process has the opportunity either to be very proud of the services they provide or to learn, change, and improve. "It is rewarding for me as a surveyor," she observes, "to see best practices in action or to know that organizations are learning from their experiences and working toward providing a higher standard of care."

Annually she does anywhere between three and eight surveys. In addition to regular accreditation she is also credentialed for Medicare Deemed Status and surveys a wide variety of facilities from single to multi-specialty ASCs.

"I remain current with the Standards and regulatory changes as part of my full-time job and in my commitment to AAAHC."

The word commitment rings true. Her professional career has been a testament to the pursuit of excellence in health care and is clearly a motivating force in Ms. Primeau's work as a surveyor for AAAHC.

"I have been in the surgical services industry for over 25 years and take pride in ensuring the highest standard of care for all patients. Being a surveyor for AAAHC provides me with a two-way street, so to speak, with regard to learning about changes in the industry and sharing those with centers that I survey."

When Ms. Primeau is not traveling the country surveying ASCs or working her full time job, she is active in her roles as wife and as mother of a teenage daughter. "If we aren't at her soccer games or practices, we enjoy camping, traveling, and playing with our three dogs. I also love to cook." She purchases upwards of 50 pounds of lobster each year that she freezes and uses in her recipes.

Currently she works as the Director of Surgical Services at Elliot Hospital in Manchester, New Hampshire, overseeing inpatient and outpatient surgical services, inpatient and outpatient endoscopy services, a free-standing ASC, and a free-standing endoscopic out-patient department. ▲

# Notification of organizational changes

Accredited organizations must notify AAAHC in writing within 15 days of any significant organizational, ownership, operational, or quality care events. Because "change" ranges from the simple—a new primary contact—to the complex—a new satellite location—we receive a lot of communication on this topic. To simplify the process of communicating a change and expedite approval, we've developed a standard template that can be found on our website homepage (lower right) under "I want to…Notify AAAHC of a change in my organization."

The link takes you to a page with a list of the types of changes that should be reported. Once there, you'll see a link to a *Change Notification Form* that allows you to specify the change and see what (if any) additional supporting documentation is required.

Once you access the form, be sure to save it to your computer and re-open it before you fill it out. Save it again before you send it to notify@aaahc.org as an attachment (along with any supporting documents). Following this process will help you meet all the requirements of a given change and streamline our approval process. ▲

# AAAHC Institute updates

### OPIOID AND ANTIBIOTIC STEWARDSHIP

In 2016, the CDC reported that from 2000-2015 more than half a million people in the U.S. died from drug overdoses. Additionally, 91 Americans die every day from opioid overdoses. Relevant AAAHC Standards throughout the handbook address this issue in varying contexts, from Chapter 2: Governance, Chapter 5.II: Risk Management, Chapter 11: Pharmaceutical Services, Chapter 16: Health Education, Chapter 17: Behavioral Health, to Chapter 25: Medical Home. Over the past six months, AAAHC Institute has published patient safety toolkits which include current research and discuss best practices for prescribing of opioids and antibiotics.

A new Patient Safety Toolkit, *Opioid Stewardship*, focuses on opioid prescribing within ambulatory settings and features a series of resources and checklists relevant to surgical/procedural settings, primary care settings, and all providers. The publication includes an overview of current research.

Along with opioids, another patient safety issue was addressed in a toolkit released earlier this year: overprescribing of antibiotics. The toolkit, *Antibiotic Stewardship*, features discussions of surgical and primary care considerations, a hands-on guide for assessing your organizations' antibiotic stewardship activities, and a full selection of references for further investigation.

### REVISED AND UPDATED SURGICAL TOOLKITS

Revised versions of our *Ambulatory Surgery and VTE (Venous Thromboembolism)* and *Ambulatory Surgery and Preventing Falls* toolkits are now available. Each contains updated content for most sections, current research, and expanded references.

Copies of these toolkits may be ordered at www.aaahc.org/institute/Patient-Safety-Toolkits1/ ▲

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# Diversity: The art of thinking independently together. - Malcolm Forbes

AAAHC has always prided itself on maintaining a collaborative culture. Our Standards are developed and accreditation decisions made by members of the Board of Directors representing 17 healthcare specialty associations:

ASCA Foundation

American Academy of Cosmetic Surgery (AACS)

American Academy of Dental Group Practice (AADGP)

American Academy of Dermatology (AAD)

American Academy of Facial Plastic & Reconstructive Surgery (AAFPRS)

American Association of Oral & Maxillofacial Surgeons (AAOMS)

American College of Gastroenterology (ACG)

American College Health Association (ACHA)

American College of Mohs Surgery (ACMS)

American Congress of Obstetricians & Gynecologists (ACOG)

American Dental Association (ADA)

American Gastroenterological Association (AGA)

American Society of Anesthesiologists (ASA)

American Society for Dermatologic Surgery Association (ASDSA)

American Society for Gastrointestinal Endoscopy (ASGE)

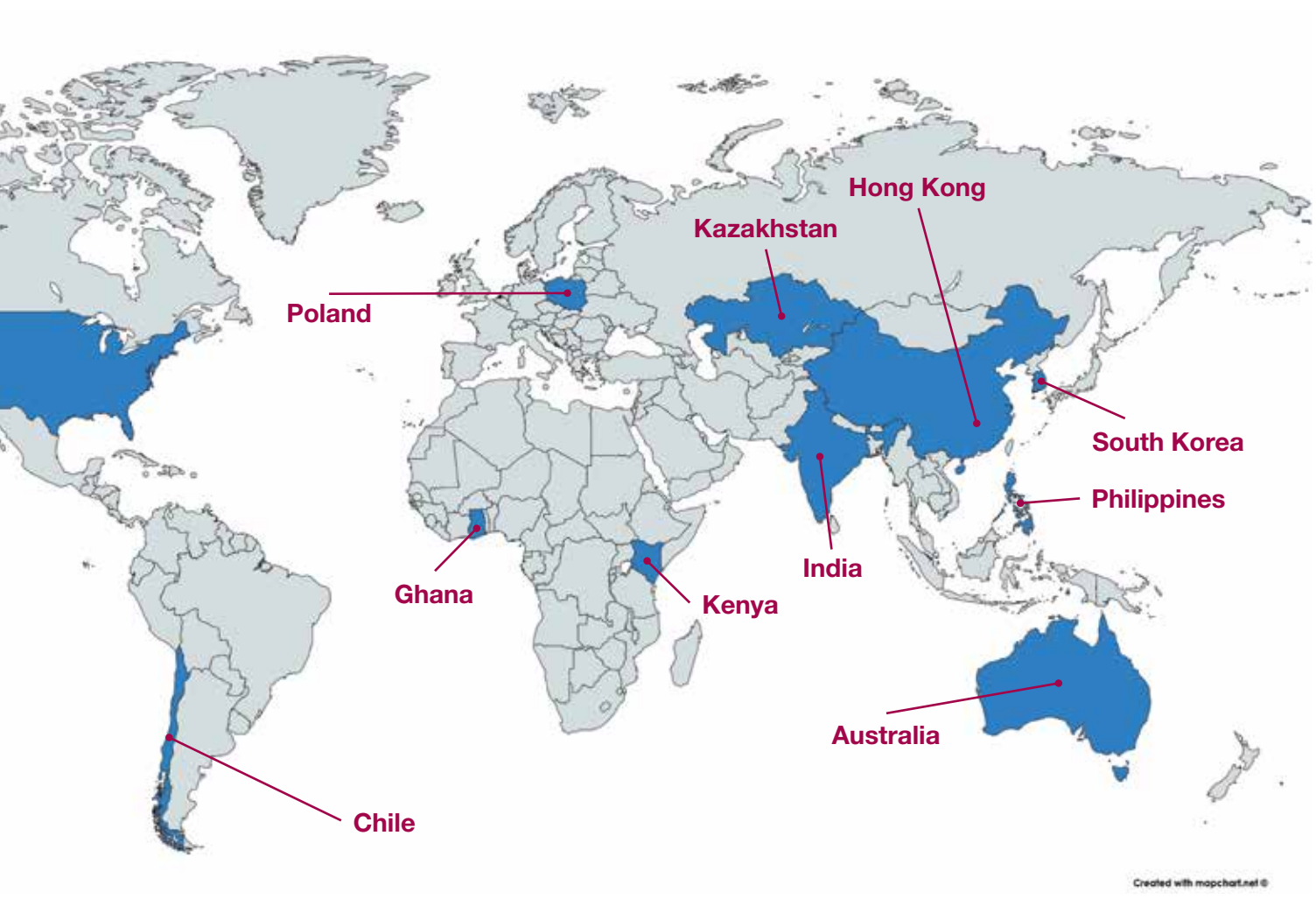
Association of periOperative Registered Nurses (AORN)

Society for Ambulatory Anesthesia (SAMBA)

We believe that diversity of perspective drives a more complete view of the complicated healthcare environment. Similarly, the AAAHC staff represents not only a diverse set of skills and experience but also a wide range of cultural backgrounds.

**The map below shows the countries from which our staff have come, either through immigration or as first generation U.S. citizens.** ▲



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