Making Alphabet Soup

AAAHC & AAHHS welcome HFAP!

Last fall, The Accreditation Association (our umbrella organization) announced the acquisition of the Healthcare Facilities Accreditation Program, familiarly known as HFAP.

Originally established in 1945 by the AOA for the accreditation of osteopathic hospitals, HFAP has maintained continuous deeming authority since the inception of the Centers for Medicare and Medicaid Services (CMS) in 1965, making it the oldest hospital accreditor in the country. It also holds deemed status for ASCs and clinical laboratories.

With the announcement, AAAHC President and CEO, Stephen A. Martin, Jr., PhD, MPH, said, “This acquisition promises to be one of the most exciting developments in the world of health care accreditation. It brings together two well-known, highly-respected health care accreditors that share organizational philosophies and cultures that are extremely compatible. These combined teams and resources will allow us to deliver the highest quality of services and results to an expanded range of clients.”

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Our work at AAAHC is focused on helping our clients improve safety and quality of care for their patients. How do we accomplish this? If answered by someone external to our organization, he or she would probably say that it’s done primarily by sending surveyors to evaluate health care organizations against a set of Standards. I hope that same individual would cite the consultative value of that on-site review. And I’d like to imagine that they would also mention our educational resources—perhaps Achieving Accreditation or a webinar—and even some of the tools we develop like the AAAHC Institute’s Patient Safety Toolkits and benchmarking studies.

Creating those resources, even just identifying what will be most relevant and impactful for our clients, takes a dedicated cohort of staff members. Our accreditation programs address a full range of ambulatory settings—everything from a community health center with a patient-centered medical home to a multi-specialty ASC to a network of employer-based clinics—and now, through the launch of our hospital program (AAHHS) and the acquisition of the HFAP programs, we also accredit hospitals, labs, and certify disease management programs for stroke. That cohort has grown to become a community!

Accomplishing this work from an internal perspective begins with teams scanning the shifting landscape that currently defines health care. We are continuously toggling between the details and the big picture. Amplifying the details requires experts and specialists; clinical, legal and regulatory, and administrative. Focusing the big picture requires generalists; those who can see the trends as they are emerging.

The role of the AAAHC leadership team then, is synthesis. We are engaged in evaluating the implications of these details and trends. What does change look like for population health, for system integration, for delivery systems? Finding the meaning allows us to develop new or enhance existing programs.

That is how AAAHC continues to be effective in helping our clients meet the needs of individual patients. We seek these opportunities so that our clients know they can rely on us as true partners.

If your organization has a need that can be met through a new tool or resource that we can provide, please share your thoughts with any member of my team.

Stephen A. Martin, Jr., PhD, MPH
Making Alphabet Soup, continued from page 1

“These organizations are perfectly aligned,” said Joshua Prober, HFAP CEO, “and the transition will be seamless for HFAP-accredited organizations.”

Part of that seamless transition stems from the fact that the two organizations sought and received approval from CMS prior to finalizing the transaction, thereby enabling two organizations with deeming authority to merge under single ownership for the first time.

“This is especially good news for HFAP-accredited surgery centers,” said Meg Gravesmill, MBA, Vice President & General Manger, AAHHS/HFAP. Ms. Gravesmill now directs the management and operations of HFAP programs, as well as AAHHS, the arm of The Accreditation Association focused on smaller hospitals and health systems.

HFAP has maintained continuous deeming authority since…1965, making it the oldest accreditor in the country.

“As HFAP-accredited ASCs approach expiration of their term of accreditation, they will be able to submit an application for survey with AAAHC that will be considered a re-accreditation, not an initial survey.

“We are also working as a team to prepare crosswalk documents for the HFAP ASCs that show where the Standards align and where they diverge. Since the CMS Conditions for Coverage are at the foundation for both accreditors, the ‘new’ process should be reassuringly familiar.”

I attended this same conference 3 years ago. At that time I gained so much insight as to what AAAHC was all about. I wasn’t sure if attending again this year would be beneficial. I was wrong. AAAHC is an organization that really strives to help educate and improve quality not only for our patients but for our entire organization. Thank you all.

–2015 Achieving Accreditation attendee

NEW ELECTIVE SESSIONS:

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<tr>
<th>Session Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>How to prepare for your first AAAHC survey</td>
<td>Whether AAAHC accreditation is new to your organization, or just new to you, this is your chance to learn the nuts and bolts of the survey process: completing the application, preparing for the survey, finding resources available from AAAHC, and maximizing the benefits of your accreditation.</td>
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<td>How to prepare for a reaccreditation survey</td>
<td>You’ve taken your organization through accreditation in the past, now take your preparation process to the next level. Review the top Standard deficiencies seen in organizations like yours, and learn how to use the results of your previous survey to your advantage.</td>
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Welcome to our newly accredited organizations

Congratulations to the 31 new organizations accredited between October 1 and December 31, 2015.

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<td>How to prepare for a Medicare Deemed Status Survey</td>
<td>You don’t know when to expect the survey team and you’re worried. This session focuses on the specifics of a Medicare Deemed Status Survey to help you feel in control of the process. You’ll review completing an application, preparing for the survey, and what happens post-survey.</td>
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<td>Life Safety Code requirements for Medicare certified ASCs</td>
<td>This session reviews key requirements of the NFPA 101® Life Safety Code® currently enforced by CMS. Learn what the top Life Safety Code® deficiencies are so that you can avoid them!</td>
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<td>Medicare Plans of Correction 101</td>
<td>If there are deficiencies found in your survey, don’t panic. This interactive session will look at examples and walk you through the process of documenting and submitting a Plan of Correction.</td>
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<td>Accreditation as a population health strategy</td>
<td>Why bother with accreditation? It’s just a time-consuming, labor-intensive exercise in paperwork, right? Well...no, it is much more than that. Come and learn how your hard work and dedicated efforts pay off in bigger ways than you might imagine, and for more people than you thought possible.</td>
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<td>Best practices for CLIA-waived tests</td>
<td>Are the results of the waived tests performed in your facility accurate and reliable? This session explores aspects of waived testing, including quality control, competency, and record keeping. Leave with guidance for the proper performance of waived testing to ensure quality results.</td>
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<tr>
<td>Introduction to the revised Standards for behavioral health</td>
<td>This year, AAAHC anticipates revising the Standards in Chapter 17, Behavioral Health Services. Watch our website for the opportunity to review and comment on proposed changes in late February and early March, then attend this session to join a discussion of the potential revisions and get answers to your questions about them.</td>
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<tr>
<td>Are you ready? Using simulation-based drills to prepare for an emergency</td>
<td>Ready, set, go! This interactive session will help you customize an emergency and disaster plan relevant to your setting. You’ll create a drill schedule, write case-based scenarios for drills, and learn how to document and analyze your drills, as well as how to implement correction actions to ensure that your organization and staff are ready for anything.</td>
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**Join us in Tampa, FL, March 18-19** and come a day earlier for the March 17 APIC pre-conference workshop, *Risk assessment for infection prevention and control*. Florida in March is always very popular and we may run out of space, so register now! Find details and registration information at [www.aaahc.org/education](http://www.aaahc.org/education).
Alcohol consumption experiences another episode by 50%. Other risk factors include:

- Difficulties concentrating
- Fatigue
- Diminished interest in formerly pleasurable activities

Definition and Risk Factors

These facets of depression make it an important focus for primary care employers, added family caregiver burden, and substance abuse.

There are significant personal and societal costs associated with depression.

Importance

Each year approximately 8 million patients will be diagnosed with major depressive disorder. However, 18.8 million adults will experience an episode of depression. Primary care providers are the first line of defense, writing almost two-thirds of the prescriptions for antidepressants. This new tool from the AAAHC Institute was developed as a guide to resources for screening for depression in primary care settings.

Announced at the December 2015 Achieving Accreditation seminar in Las Vegas. In addition to receiving the award, representatives of the winning organizations were invited to describe their study to seminar participants and also to those AAAHC surveyors undergoing biennial re-training. The winning studies came from:

- Seton Hall University Health Services (South Orange, NJ) for a study on titled “Alcohol Screening and Brief Intervention.”
- Turk’s Head Surgery Center (West Chester, PA) for a Scopolamine Patch study.

NEW DISEASE MANAGEMENT TOOLKIT: ADULT DEPRESSION IN PRIMARY CARE

Each year approximately 8 million patients will be diagnosed with major depressive disorder. However, 18.8 million adults will experience an episode of depression. Primary care providers are the first line of defense, writing almost two-thirds of the prescriptions for antidepressants. This new tool from the AAAHC Institute for Quality Improvement serving from 1999 to 2010.

Throughout his career, Mr. Kershner made it a priority to continually underscore the importance of quality and high standards. In a profile published in EASA Update (May/June 1999), he described establishing procedures for his own free standing centers that were “far above what could possibly be required of a health facility—I wanted not only to be beyond reproach, but to raise the bar for professional competency at every single level of the organization.”

In recognition of his outstanding contributions to quality measurement and patient safety in ambulatory settings, the AAAHC Institute named its award for Bernard A. Kershner in 2004. The latest winners were publicly announced at the December 2015 Achieving Accreditation seminar in Las Vegas. In addition to receiving the award, representatives of the winning organizations were invited to describe their study to seminar participants and also to those AAAHC surveyors undergoing biennial re-training. The winning studies came from:

- Seton Hall University Health Services (South Orange, NJ) for a study on titled “Alcohol Screening and Brief Intervention.”
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resource guide to screening for depression in primary care settings.

The tool in print or electronic format can be purchased at www.aaahc.org/institute/Patient-Safety-Toolkits. Triangle Times readers can receive a 50% discount (valid for any Patient Safety Toolkit) through March 31, 2016 by including the code PST/TIMES16 with their order.
Triangulating the Standards

AAAHC has always taken the position that every organization must have a set of policies governing how it addresses infection prevention and control, and that those policies should be an accurate reflection of the organization’s scope of practice and operational environment. We’ve institutionalized this expectation with an update to Standard 7.1.B for the 2016 edition of the Accreditation Handbook.

THE STANDARD

7.1.B.4.: The written infection prevention and control program is a result of a formal, documented infection prevention risk assessment to ensure that the program is relevant to the organization.

INTENT OF THE STANDARD

Standard 7.1.B.4 does not require an accredited organization to address every single infection possibility but rather, to identify a realistic set of risks that it may face. This means that it’s up to each organization to perform an ongoing environmental scan, and look for evidence-based guidelines as a means to address the situations that reflect highest risk.

HINTS FOR MEETING THE STANDARD

Where to start? Identify the potential for breaches of best practice by:

• Auditing: Observation, Documentation Review
• Inspecting facilities, equipment, and processes including medication management practices
• Reviewing existing policies and procedures
• Reviewing outside service contracts and fulfillment of obligations
• Reviewing regulatory compliance and standards of care

Then, rank your risks by potential frequency and severity in order to create a list of priorities for action. Plan to address the issues from highest to lowest.

On March 23, AAAHC is offering a webinar presented by Marcia Patrick, RN, MSN, CIC: How to conduct a risk assessment for infection prevention and control. For more information or to register, visit www.aaahc.org/education/webinars.
“When you talk about ‘data,’ people usually just think of sitting in front of a computer, studying numbers, but I really loved the community outreach,” Najahla said. “Hamdard mostly serves a South Asian and Middle Eastern immigrant community. To be effective, they need to really understand what the community looks like and where the needs for services are. We conducted a physical inventory of the neighborhood looking at things like the number and location of grocery stores and the languages used in local advertising. We even went door to door conducting interviews.

“When you talk about ‘data,’ people usually just think of sitting in front of a computer, studying numbers, but I really loved the community outreach. It helped me understand that I could have an impact on people’s health without being a clinical person. Now at AAAHC, I’m using data to help groups of organizations improve quality.”

“I’ve watched Najahla grow so much,” said Michon Mayfield, director of accreditation services. “She is a great representative of AAAHC who delivers information in a clear and positive way. At CQA leadership meetings she’s able to provide a robust level of detail about the performance of their centers that is really valuable to these organizations.”

Within the larger accreditation services team, Najahla is valued for her calm under pressure and her consistently positive attitude. When she’s not at work, she can be found taste-testing tacos or checking out live music venues across Chicago.

She may not be “good with blood,” but she’s game to try so many other things.

A “sip and paint” birthday party for a co-worker inspired a YouTube binge-watch of painting tutorials and a newfound hobby. ▲
2016 AAAHC Handbooks to be released in March


**FREE ELECTRONIC COPIES AVAILABLE**

Organizations that were AAAHC-accredited as of February 1, 2016, are eligible to receive an electronic copy of their 2016 handbook free of charge beginning March 1. A notice with instructions for how to access the document will be mailed in mid-February.