Entering A New Era In Health Care
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The mission of the Accreditation Association for Ambulatory Health Care is to promote its position as the preeminent leader in developing Standards to advance and promote patient safety, quality, and value and measurement of performance for ambulatory health care through peer-based accreditation processes, education and research.
The theme of our 2013 Annual Report, “Entering a New Era in Health Care,” reflects today’s evolving health care landscape and the increasing need for the Accreditation Association for Ambulatory Health Care (AAAHC) to promote patient safety, quality and value through peer-based accreditation processes, education and research.

The implementation of the Patient Protection and Affordable Care Act (PPACA) this year will impact our work in several areas. For example, to meet PPACA requirements, a number of ambulatory surgery centers (ASCs) will seek affiliation with a large hospital or health system. AAAHC accreditation in such cases becomes paramount for ASCs to demonstrate their ability to deliver the highest quality care.

Another key PPACA mandate affects the plans the new insurance exchanges offer to consumers. These plans must meet a set of industry Standards and be designated as aQualified Health Plan (QHP). Here, too, AAAHC will be involved to ensure Standards and performance measures are met.

However, the PPACA is far from the only driving force of this new era. The substantial shift of health care delivery from inpatient to outpatient settings continues at a rapid pace. The scope of these facilities and the services they provide are far-reaching. Consumers are addressing their health care needs through practitioners and in places never imagined a few years ago. In turn, as the nation’s largest ambulatory care accreditation organization, AAAHC will play a greater role in helping primary care, as well as procedural care settings, meet stringent safety and quality standards.

And, a “new” consumer is part of this new era. Patients today are increasingly savvy when it comes to medical issues, whether that knowledge is gained from authoritative web sites, enhanced communications from providers, personal research or the insurance buying process. More than ever, consumers determine how and where they should receive health care. They will want to know if an ambulatory health facility meets the highest of Standards... and accreditation provides this assurance.
In response to these trends and others, AAAHC implemented a number of initiatives in 2013. Here are just a few key accomplishments:

- AAAHC was approved to accredit Qualified Health Plans (QHPs) by the Secretary of the Department of Health and Human Services.
- In one of our biggest undertakings, AAAHC accredited over 400 Healthcare Clinics at select Walgreens stores nationwide.
- The Survey Process Advisory Committee completed a pilot test and made significant recommendations to improve survey consistency and efficiency. When implemented, this streamlined approach will make accreditation even more accessible and affordable while not compromising one iota on quality.
- AAAHC engaged a government relations firm to help bring to the attention of legislators issues related to accreditation.
- AAAHC reached an agreement with a software firm and a document management solution company to license AAAHC Standards for use in their software tools, enabling ASCs to better integrate the accreditation process with business and clinical management.
- AAAHC introduced a mobile app that locates and displays AAAHC-accredited facilities in a specific geographic area.

Meeting the changing needs of ambulatory care providers and their patients can only succeed with the help of individuals intensely committed to this quest. It’s the involvement and immersion of AAAHC surveyors, member organizations, our staff and board members, and accredited organizations themselves who are pivotal in delivering quality with a personal, caring touch.

Because no matter what government regulations exist, how health care is funded or where it takes place, medicine is all about people caring for people. That’s why our report this year highlights the perspectives of four AAAHC surveyors – two veterans with decades of experience and two new surveyors excited to join our team and share their insights.

We hope you enjoy their thoughts on why they, and all of us, are committed to establishing and implementing Standards that ensure optimum care in ambulatory health care settings.

“It’s the involvement and immersion of AAAHC surveyors, member organizations, our staff and board members, and accredited organizations themselves who are pivotal in delivering quality with a personal, caring touch.”
Nearly 6,000 ambulatory care centers today are accredited by AAAHC, which accredits more centers than any other body in the United States.

Accreditation by AAAHC conveys compelling messages to both patients and health care professionals.

▲ Patients can be reassured knowing they will receive optimum care that meets stringent nationally-recognized Standards.

▲ Health care practitioners can be confident the quality of care they deliver is at the highest level.

Through our distinctive peer-based processes, knowledge and experience, we ensure “Accredited by AAAHC” is the enduring mark of excellence in the growing field of ambulatory care.

And, we are succeeding. In a 2013 survey of AAAHC accredited organizations, 98 percent said they would return to AAAHC when it is time to reaccredit.

**Why Did You Choose AAAHC Accreditation?**

Organizations cited AAAHC reputation first, followed by several other key attributes.

- ▲ AAAHC Reputation
- ▲ Prior experience with AAAHC
- ▲ Survey is conducted by industry peers
- ▲ Recommendation by industry colleague
- ▲ Price
- ▲ Other
- ▲ Dissatisfaction with your previous accreditation organization

**Why Did You Seek Accreditation?**

In a survey of 1,305 AAAHC accredited organizations, the number one response – 93.5 percent – was “to demonstrate the organization’s commitment to high-quality care.”

- ▲ Demonstrate my organization’s commitment to high-quality care
- ▲ Improve the quality of care
- ▲ Meet requirement of third-party payer or liability insurance
- ▲ Give my organization a competitive edge
- ▲ Meet requirement of professional society or state legislature
- ▲ Attract the best staff
- ▲ Other
Distinguished Recognition: AAAHC Approved To Accredit Qualified Health Plans by HHS

The personal peer-review accreditation process conducted by AAAHC is one of the most powerful and effective ways to demonstrate that a health plan is meeting industry standards.

The value of this approach was recognized when AAAHC received approval in December to accredit qualified health plans by the Secretary of the Department of Health and Human Services (HHS). Under the Patient Protection and Affordable Care Act (PPACA), an insurer must be designated as a Qualified Health Plan (QHP) to be included in a state or federal exchange, and accreditation is a requirement for this designation.

The AAAHC accreditation process for QHPs encompasses a full, on-site peer review by highly experienced surveyors coming from primary care and health plan environments. This includes visiting directly with providers at the point of care. As industry peers, surveyors understand the challenges a health plan and its providers face.

Accrediting health plans since 1983, AAAHC has been recognized by the Centers for Medicare and Medicaid Services (CMS) for Medicare Advantage plans since 2007. AAAHC offers accreditation to HMOs, prepaid health clinics (PHCs), physician sponsored networks (PSNs), behavioral health plans, dental health plans and PPOs/POS.

AAHHS Pilot Programs Help Refine Accreditation Standards For Small and Rural Hospitals

Interaction and collaboration among surveyors and hospital staff contributed to the success of two pilot programs conducted in 2013 that aimed to validate Standards for small U.S. hospitals.

The pilots focused on developing a survey process uniquely designed by and for small hospitals, including acute care, surgical specialty and critical access hospitals. The surveys of 10 hospitals were conducted by the Accreditation Association for Hospitals/Health Systems, Inc. (AAHHS), an independent organization created in 2012 by AAAHC to address the needs of hospitals with fewer than 200 beds and an average daily census of less than 100.

A host of clinical and administrative criteria focused on the intent of the Standards and how a hospital can demonstrate compliance.

This valuable input will be used in the 2014 launch of a national accreditation program for small and rural hospitals.

Peter Farrow
CEO and General Manager,
Group Health Cooperative of Eau Claire, Wis.

“The AAAHC accreditation Standards are more clinically and member focused than its competitors, which provides us with an excellent opportunity to open beneficial and effective conversations with our providers.”
Standards for Today... and Tomorrow

Our accreditation services continue to diversify and evolve to address the needs of a growing variety of health care settings.

For example, while AAAHC programs always encompassed surgical and primary care, we now see more dental organizations and retail clinics move toward accreditation. Annual updates to Standards in our Accreditation Handbook reflect the latest developments in the field. This past year, we offered the new AAAHC Accreditation Handbook for Health Plans.

The AAAHC survey process, implemented by a committed, experienced staff and distinguished team of surveyors, is uniquely suited to meet these constant changes.

More Than a Handbook
The annual AAAHC Standards revision process incorporates input from a host of stakeholders, including accredited organizations, individual providers, our own surveyors and others. Everyone involved currently is active in health care to ensure the Accreditation Handbook reflects the real world environment faced by providers and patients.

And, the Handbook goes beyond its primary purpose to catalog important Standards. Over the years, AAAHC made the Handbook more interactive and educational. The Handbook includes examples of forms and worksheets used by surveyors, and other resources to further help organizations achieve successful accreditation. It also features a glossary of terms.

These added features exemplify our mission to best serve organizations that seek new or renewed accreditation.

Surveyed by Knowledgeable Peers
All AAAHC surveyors are experienced health care professionals, giving them a special perspective to counsel their peers. In fact, a majority of our surveyors have themselves been on the other side of the table when their own organizations were reviewed.

They understand the benefits of accreditation. That’s why these dedicated individuals decide to serve as surveyors, devoting their personal time to help facilities evaluate the care they deliver.

Rigorous Training
Surveyors must undergo rigorous training. This first includes self-instruction and intensive classroom sessions. They then enter a mentoring program, receive on-site training, are evaluated and finally approved to conduct AAAHC accreditation surveys.

The survey education process does not end there. Every 24 months, surveyors complete a re-training program to ensure current and efficient processes are followed for each survey. This is supplemented via additional educational initiatives.

True Collaboration
Armed with both experience and education, AAAHC surveyors are prepared to evaluate and collaborate with organizations. They are not just examiners, but educators who offer suggestions on ways to meet and maintain Standards, share personal insights (“I’ve seen it done that way”) and proactively serve as teachers in the entire process.

It’s the kind of approach you expect from surveyors who passionately work in the same environments as the organizations they review.

“Peak Vista is proud to be in our ninth year of AAAHC accreditation, a distinction that is valuable to our organization not only in recognition among industry peers but, most importantly, for our dedication to high-quality care focused on our patients. AAAHC helps us stay informed about latest trends and practices, which in turn allows us to instill confidence in our patients, providers and community that the care we provide at any Peak Vista center is exceptional.”

Pamela McManus
President & CEO,
Peak Vista Community Health Centers, Colorado Springs, Colo.
An Interview with Surveyor Jimmie Starling

Who best to provide perspectives on AAAHC Standards and accreditation services than an individual who has served as an AAAHC surveyor for 25 years with experience in all 50 states?

Jimmie Starling, with experience in the insurance industry and management positions at hospitals and a regional clinic system, currently conducts some 30 to 35 surveys annually.

Q. What qualities in terms of approach and personnel differentiate AAAHC from others who provide accreditation services?
A. The mere fact that AAAHC refers to its services as “surveys” instead of “inspections” is indicative of its commitment to improving, not merely criticizing. The services provided are more consultative, while confirming compliance with AAAHC Standards. The surveyors are individuals who are knowledgeable, familiar with and are or were involved in the provision of health care services.

Q. What qualities make for a good surveyor?
A. It requires an unselfish individual who is knowledgeable and willing to share that knowledge and experience while confirming adherence to AAAHC Standards. Being flexible and self-motivated also is essential.

Q. How does the personal involvement of accredited organizations’ staff positively impact the process?
A. Without the personal involvement and commitment of the organizations, there would be no accreditation.

Q. What aspects of your work as an AAAHC surveyor have been most fulfilling?
A. It’s all about the people – our surveyor team, AAAHC staff and the organizations – that make this work fulfilling. I continue to be encouraged by the dedication and commitment of those involved. They are caring and compassionate professionals.

Q. Why did you become an AAAHC surveyor?
A. I wanted, in a small way, to encourage and influence improvements in the health care delivery system.

Since your accreditation by AAAHC, how satisfied have you been with AAAHC staff/surveyors?

In a survey of 1,305 AAAHC-accredited organizations, more than 9 of 10 – 92 percent – are satisfied or very satisfied with the knowledge and professionalism of AAAHC staff and surveyors.

“Completing the accreditation process is a landmark moment for the Take Care Health organization. Our clients have always valued the consistently high-quality care we deliver, but this accreditation represents a further endorsement of the approaches we take and efforts of our practitioners across all our primary care sites. This is why we pursued AAAHC accreditation.”

Trent Riley
Divisional Vice President for Walgreens Health and Wellness division

Satisfied/Very Satisfied with knowledge and professionalism of AAAHC staff and surveyors.
Addressing Health Care Trends

The new era in health care requires an organization to be nimble and proficient to respond to constantly evolving developments. These trends range from the renewed growth in ambulatory surgery centers and continuing interest in the Patient-Centered Medical Home model to a new focus on workplace-based health centers and the surge in retail clinics. In addition, the increased roles of dental homes, office-based surgery, urgent care facilities, community health centers and more make AAAHC accreditation vital.

AAAHC creates and conducts programs and initiatives that address the particular demands of each market segment.

Home, Sweet Home

The patient-focused essence of the Patient-Centered Medical Home (PCMH) model, a key approach to meet the triple aim of patient satisfaction, positive outcomes and cost-effective care, aligns with the AAAHC mission. That's why we offer the most comprehensive PCMH recognition available via two levels that rely on in-person, on-site evaluation:

- Medical Home accreditation, accomplished as part of the AAAHC accreditation survey
- On-site Medical Home certification, achieved through a focused assessment of compliance with AAAHC Medical Home Standards

We recognize that becoming a Medical Home is a transformative process, and we assess progress at the point of care and from a patient perspective. This approach underscores a key concept of the model itself, which finds practitioners and patients collaborating, truly engaged in all aspects of the health care cycle.

AAAHC is concerned with how present and future medical home initiatives impact the patient experience, quality of care and health care costs. For example, we are now significantly involved with the Patient-Centered Primary Care Collaborative (PCPCC) that focuses on medical home issues.

The growing number of Medical Homes AAAHC accredits annually reflects the value of our survey process. As we like to say, “We are partners in the process, not inspectors of the product.”

Dr. Laurie White, PhD
Director of Organizational Planning & Development, Family Health Services, Ohio

“Accreditation as a Patient-Centered Medical Home was, for us, a very calculated decision. We selected AAAHC because their approach was more personalized and they tailored the accreditation survey specifically to our organizational culture. We definitely wanted an accreditor who would look at us at the point of care, not just measure us against a standard. The AAAHC surveyors acknowledged where we were already performing well and offered invaluable suggestions to help us develop fully into a Medical Home.”
**ASCs Accelerating**

In 2013, it became evident to us that the recovering economy also was reviving ambulatory surgery center (ASC) growth. Our ongoing attention to update Standards and the survey process enabled us to respond to the resurgence. Two key areas are critical:

▲ For new ASCs, timeliness of getting surveyed is crucial. We know when an ASC is set to open – its staff, equipment and supplies all in place – accreditation is sought quickly. Our streamlined procedures are designed to deliver this in 30 days or less.

▲ For ASCs renewing accreditation, consistency in the survey process is a priority. We meet this important goal through the commitment of the AAAHC staff and the ongoing education of AAAHC surveyors.

Constant dialog with our accredited ASCs and participation in industry groups such as the ASC Association provide us with valuable, useful insights on this key market segment.

**Health Care at Work**

The number of workplace-based health centers is growing rapidly, fueled in part by the Affordable Care Act and employers’ growing responsibility to fund health care. Those are not the only drivers for companies, large and small. On-site health services offer firms these benefits:

▲ Increased productivity by reducing employees off-site medical appointments during working hours

▲ Reduced health care costs in areas such as preventive care and limiting unnecessary ER visits

▲ An employee benefit to promote

AAAHC Standards address and reflect this distinctive environment and our surveyors are primed to handle the surge of new workplace centers. AAAHC-accredited Take Care Health Systems operates health centers at firms such as Goodyear, Intel, AON-Hewitt and Harley Davidson, to name a few.

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**AAAHC Accredits Walgreens Clinics**

We added a major new chapter in our accreditation history when AAAHC accredited Healthcare Clinics at select Walgreens stores nationwide.

The AAAHC accreditation of over 400 Healthcare Clinics represents an important step in Walgreens evolution from traditional retail store to a community health care destination. It distinguishes the clinics as delivering high-quality care in an environment that promotes patient safety.

AAAHC Standards require clinics to be patient-centered, comprehensive and accessible, and to coordinate care with all of the patients’ primary care and specialty care provider teams. AAAHC surveyors also evaluated clinic staff, interviewed executive leadership and conducted patient surveys.

The AAAHC process becomes even more valuable as the role of retail clinics established by Walgreens and others continues to grow and gain momentum as an important access point for care for consumers.

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Heather Helle
Division Vice President, Walgreens Consumer Solutions Group

“The AAAHC accreditation process requires a rigorous and complex series of evaluations, and we’re proud to be recognized for delivering the highest levels of comprehensive, quality care for our patients.”
How will the new era of health care impact accreditation and the survey process? We turned to four surveyors with diverse backgrounds to provide personal reflections from distinct perspectives. Two offer a look ahead based on their decades of experience. They then figuratively pass the torch to two who convey their thoughts representing the new generation of surveyors. One common thread bonds this quartet and all AAAHC surveyors: a shared, deeply felt passion to help organizations deliver the highest standards of health care.

Passing the Torch

Responding to Precise Demands

A doctor of neurology for more than four decades and AAAHC surveyor since 1980, Tom Gretter has seen remarkable innovations, enhancements and changes.

This practitioner at the Cleveland Clinic believes the role of accreditation will accelerate in this new era of health care.

“The Affordable Care Act and other new regulations will make the stakes so much higher when evaluating standards of care,” said Dr. Gretter. “The requirements will dictate more precise measurements.

“Added to this is greater emphasis on measuring patient satisfaction and surveying organizations on their efforts to educate patients and practice preventive medicine. For example, if nutrition advice is provided, will we continue to see the nutritionist’s notes as part of the clinical record?”

The AAAHC accreditation process is the ideal response to these challenges for a number of reasons, according to Dr. Gretter.

“The AAAHC program is designed to educate,” he said. “There is flexibility: an organization can take different routes to meet AAAHC Standards and succeed at meeting the ‘bottom line’ of quality care and patient safety. AAAHC has expanded to encompass more entities such as college health, medical home and lithotripsy centers, and enlist surveyors who practice in these areas.”

Surveyor and AAAHC staff input on the Standards themselves is another benefit that appealed to Dr. Gretter over the years.

“A number of Standards are initiated ‘from the trenches’ by the surveyors,” he said. “We can propose revisions to suggest new Standards for emerging entities. Surveyors can truly have an impact on ways to improve the quality of care.”

It’s this type of peer-based approach combined with the constantly evolving AAAHC Standards and programs that will best meet the demanding measurement landscape in health care now, and in the future, Dr. Gretter added.

Tom Gretter, MD
AAAHC Surveyor, 34 Years

“The stakes will be so much higher... the AAAHC accreditation process is the ideal response.”
Meeting New Challenges

Yukiko Leonard may be a newbie to AAAHC surveying, but as a long-time health care practitioner, her perspectives on the future challenges in accreditation have a solid foundation.

“Although health reform has always had an impact, the Affordable Care Act will create a new set of expectations, particularly for ambulatory surgery centers,” said Leonard, a clinical director at the Inova Ambulatory Surgery Center in Leesburg, Va.

This is a challenge the AAAHC process is best suited to meet, according to Leonard, who became a surveyor in the summer of 2013 after she witnessed first-hand the benefits of accreditation as part of the Inova management team.

“AAAHC provides surveyors the most up-to-date information on Standards and regulations through its ongoing educational programs and research. And, because AAAHC trains us to be consultative and not there simply to give a test, we can help organizations better understand the latest Standards,” she said.

“This is a collaborative process, guided by surveyors who have experience as either a clinician or administrator,” Leonard added. “We observe and suggest practices to incorporate as part of the accreditation process. That’s the best way to respond to the latest reforms.”

Leonard, a registered nurse for 30 years, said another asset is the personal background and involvement of AAAHC surveyors.

“We can relate to the people at the organizations we are surveying,” she said. “We put them at ease and work as a team so they clearly understand how meeting the Standards will deliver the quality care patients expect.”

Leonard said setting and then meeting those Standards – or even going beyond them – is so critical because this allows facilities to establish a benchmark, one the best practitioners in the country follow. “It tells patients they can be comfortable in allowing us to care for them,” she said.

Leonard also finds personal rewards in her new role as a surveyor.

“It’s so gratifying to see the results of the hard work at these organizations,” she said. “Surveying is an opportunity that is helping me grow as an individual and be better at my own job.”

“We are consultants, not test givers... it's a collaborative process, guided by surveyors who have experience.”
Balancing High-Tech, Personal Touch

High-tech and the human touch may sound like a contradiction. But long-time AAAHC surveyor Jerry Short firmly believes the always dramatic influence of technology and today’s greater personal engagement from patients and providers both will significantly impact the accreditation process.

“I have witnessed such remarkable improvements in medical technology and medical devices, the ability to perform more operative procedures in the ambulatory care setting and the extensive use of electronic health records,” said Short, who served 30 years as a U.S. Public Health Service Commissioned Officer, hospital pharmacist and administrator for the Indian Health Service before becoming an AAAHC surveyor.

“For example, we are seeing significant increases in applications of tele-health and 3-dimensional technologies for a variety of medical applications,” he said. “The challenge for accreditation is to continue to develop and apply meaningful Standards in response to such changes.”

Many patients now have electronic access to their health records and other reports, making them more knowledgeable and hopefully proactive about being more responsible for their personal health. This development, combined with the trend that finds many primary care organizations adopting the Patient-Centered Medical Home and Dental Home philosophy, has been incorporated in the AAAHC survey process in recent years, according to Short.

“Personally, I like to follow a Medical Home patient through the care process (with the patient’s and provider’s consent) and observe what occurs and the interactions between the patient and caregivers,” Short said. “This helps me better understand from the patient and caregiver’s perspective care processes and communications, and be better prepared to provide suggestions for possible improvements.”

AAAHC surveyors are trained to bring this kind of commitment and passion to their roles.

This personal approach is one reason why AAAHC is best prepared to address the constant changes in health care, said Short.

“We strive to bring the entire staff of an organization together to focus on a common goal. It’s all about providing quality, patient-centered, cost-effective and safe services.”
Supporting Pay for Performance

Health care today and tomorrow will be driven by the pay for performance model making accreditation a necessity for facilities that want to survive financially – and keep patients, asserts Jennifer Brown, one of the newest members of the AAAHC surveyor team.

“Insurance and delivery of quality care now go hand-in-hand, and accreditation is the best way to ensure that care meets the highest standards,” said Brown. “One hears about non-accredited facilities receiving lower reimbursements. Will no reimbursements be next?”

As a nurse for 13 years with experience in progressive cardiac care and the ER, Brown, now endoscopy nurse manager at Gastroenterology Associates of Central Virginia in Lynchburg, is aware the benefits of accreditation go well beyond mere dollars.

“Accredited facilities operate at a higher level and strive to always deliver the best care possible,” she said.

“A facility must ask this question, ‘Why come here if we do not strive to meet the highest quality standards?’ For those facilities without accreditation, they will certainly miss the mark.”

Brown “discovered” AAAHC when asked to research accreditation organizations after joining Gastroenterology Associates. The benefits of the AAAHC peer-driven evaluations and teaching philosophy excited Brown, so she jumped at the chance to become a surveyor in 2013.

“It’s all about helping organizations get through the process, and the personal rewards come when you see how they met the high quality of AAAHC Standards,” she said.

“It’s that team-oriented approach and attention to detail that contribute to the success of the AAAHC accreditation program.”
or not. The complete findings, along with our proactive improvement efforts, are included in the full AENEID report, which can be downloaded from the AAAHC web site at www.aaahc.org.

It's important to note that the AENEID is not just a report card summarizing results; it's a valuable tool for quality improvement. In mining survey results, we gain a deeper understanding of the interpretation and implementation of AAAHC Standards; this allows us to better prepare ambulatory organizations to gain compliance in each and every area. In fact, both AAAHC and the AAAHC Institute are already taking actions, such as targeted education and use of other media, to help organizations increase compliance with the commonly deficient Standards.

The 2013 AENEID report was a significant step in our ongoing effort to offer proactive, meaningful solutions that will help organizations on the path to accreditation. Today, we have already begun analyzing the first six months (July-December 2013) of results for surveys completed with the 2013 Standards. Not surprisingly, our initial research indicates that the majority of the Standards for which all types of accredited organizations had relatively low levels of “substantially compliant” ratings are identical to those found for surveys using the 2012 Handbook. As our educational efforts take root, we expect to see a shift toward greater success in compliance.

We look forward to continuing to work with AAAHC to supply accredited organizations and others with annual updates of this valuable AENEID report.

Since its founding as a nonprofit subsidiary of AAAHC in 1999, the Institute for Quality Improvement has worked to fulfill its mission to help AAAHC and other constituents address the quality improvement requirements of AAAHC accreditation. One of our most notable activities for the 2013 calendar year was our work on the first AENEID report. A new initiative we undertook to transform the AAAHC warehouse of accreditation survey information into a useable tool, the AENEID report identifies several trends in ambulatory health care. It allows us to see patterns of compliance with AAAHC Standards and to sort and analyze the results in multiple other ways. Data points from the AAAHC data warehouse of accreditation survey results were analyzed and developed into this report with staff from the AAAHC Accreditation Services, Education and Surveyor Credentialing, Information Technology, and Marketing and Communications departments.

The inaugural AENEID results are based on an analysis of more than 1,500 surveys conducted under 2012 AAAHC Accreditation Handbook Standards. These surveys were completed from June 2012 to June 2013 and cover all of our major health care settings such as Ambulatory Surgery Centers (ASCs), Office-Based Surgery practices (OBS) and Primary Care Organizations (PCOs).

Take a look at the chart on the next page to learn more about the Standards we uncovered as the most frequently rated partially compliant or non-compliant. As you’ll see, we were able to analyze and summarize the Standards with the most common deficiencies – all of which were complex – including multiple opportunities for surveyed organizations to comply or not. The complete findings, along with our proactive improvement efforts, are included in the full AENEID report, which can be downloaded from the AAAHC web site at www.aaahc.org.

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Letter from Lorraine Jordan and Naomi Kuznets

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Since its founding as a nonprofit subsidiary of AAAHC in 1999, the Institute for Quality Improvement has worked to fulfill its mission to help AAAHC and other constituents address the quality improvement requirements of AAAHC accreditation. One of our most notable activities for the 2013 calendar year was our work on the first AENEID report. A new initiative we undertook to transform the AAAHC warehouse of accreditation survey information into a useable tool, the AENEID report identifies several trends in ambulatory health care. It allows us to see patterns of compliance with AAAHC Standards and to sort and analyze the results in multiple other ways. Data points from the AAAHC data warehouse of accreditation survey results were analyzed and developed into this report with staff from the AAAHC Accreditation Services, Education and Surveyor Credentialing, Information Technology, and Marketing and Communications departments.

The inaugural AENEID results are based on an analysis of more than 1,500 surveys conducted under 2012 AAAHC Accreditation Handbook Standards. These surveys were completed from June 2012 to June 2013 and cover all of our major health care settings such as Ambulatory Surgery Centers (ASCs), Office-Based Surgery practices (OBS) and Primary Care Organizations (PCOs).

Take a look at the chart on the next page to learn more about the Standards we uncovered as the most frequently rated partially compliant or non-compliant. As you’ll see, we were able to analyze and summarize the Standards with the most common deficiencies – all of which were complex – including multiple opportunities for surveyed organizations to comply or not. The complete findings, along with our proactive improvement efforts, are included in the full AENEID report, which can be downloaded from the AAAHC web site at www.aaahc.org.

It’s important to note that the AENEID is not just a report card summarizing results; it’s a valuable tool for quality improvement. In mining survey results, we gain a deeper understanding of the interpretation and implementation of AAAHC Standards; this allows us to better prepare ambulatory organizations to gain compliance in each and every area. In fact, both AAAHC and the AAAHC Institute are already taking actions, such as targeted education and use of other media, to help organizations increase compliance with the commonly deficient Standards.

The 2013 AENEID report was a significant step in our ongoing effort to offer proactive, meaningful solutions that will help organizations on the path to accreditation. Today, we have already begun analyzing the first six months (July-December 2013) of results for surveys completed with the 2013 Standards. Not surprisingly, our initial research indicates that the majority of the Standards for which all types of accredited organizations had relatively low levels of “substantially compliant” ratings are identical to those found for surveys using the 2012 Handbook. As our educational efforts take root, we expect to see a shift toward greater success in compliance.

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AENEID Report: Key Findings

The Standards that were most commonly rated partially compliant (PC) or non-compliant (NC) by surveyors are identified below. The chart illustrates those that present challenges for all organization types.

<table>
<thead>
<tr>
<th>PERCENT NC, PC</th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
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<tbody>
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<td>2.II.D</td>
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<td>6.K</td>
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<td>5.II.B.2</td>
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<td></td>
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<td>5.IIB.6</td>
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<td>8.E</td>
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</tbody>
</table>

- **2.II.D**: Requires that organizations prominently document presence or absence of allergies and untoward reactions in the clinical record and verify/update this at each patient encounter or when new sensitivities are identified.
- **6.K**: For 5.II.B.2 and 5.IIB.6, organizations conducting quality improvement activities must identify performance goals and compare current performance versus these previously identified goals.
- **5.II.B.2**: Refers to conducting, providing written evaluation, and promptly implementing needed corrections for at least quarterly emergency drills, one of which must include documentation of cardiopulmonary resuscitation (CPR) technique, as appropriate to the organization.

Patient Safety Toolkits
Detail Best Practices

Fresh from the positive response to its first patient safety toolkit on Ambulatory Surgery and Obstructive Sleep Apnea, the AAAHC Institute issued three new kits in 2013:

- ▲ Ambulatory Surgery and VTE (Venous Thromboembolism)
- ▲ Ambulatory Surgery and Preventing Falls
- ▲ Ambulatory Surgery and Surgical/Procedural Checklists

Each visually appealing, large-format document provides an evidence-based rationale for its use, details screening or risk assessment tools and procedures, and outlines best practices for prevention and management or intervention.

AAAHC-accredited ASCs received a free laminated copy of each kit, and the tools are available on the AAAHC web site.

In 2014, the Institute will unveil a similar suite of tools for primary care settings.

Cervical Cancer Screening, Implant Sterilization Programs Win Quality Improvement Awards

The Bernard A. Kerschner Innovations in Quality Improvement Awards – one for primary care and one for surgical/procedural care – are given annually by the AAAHC Institute.

In 2013, the primary care category award was earned by the Student Health Center at the University of North Carolina at Charlotte for its effort to increase adherence to national guidelines for cervical cancer screenings (Pap tests) for women under 21. By emphasizing the guideline to all staff and renaming the exam from “Pelvic & Pap” to the “Well Woman” visit, the compliance rate increased to 98 percent from 9 percent.

Two Methodist Healthcare surgery centers in Memphis, Tenn., won in the surgical category for a program that improved the rates of terminal sterilization of vendor-owned surgical implants used in orthopedic procedures. Several new procedures boosted compliance rates at the surgery centers so that they were complying with AORN national standards 100 percent of the time.
Education at Your Desk

In 2013, AAAHC conducted education programs literally on the desks of ambulatory facilities management, physicians and staff via a new webinar series.

Our first-year initiative featured three webinars on infection prevention programs each focused on a specific setting: surgical, endoscopic and primary care. A fourth session addressed 10 common accreditation mistakes and how to avoid them, and a fifth covered NFPA 101® Life Safety Code.

To broaden the reach of our seminars, AAAHC also offered a separate webinar series to Community Health Centers.

Based on the success of these initial webinars, a new series will be conducted in 2014.

AAAHC Goes to Washington

Our efforts to provide expertise and resources to legislators on behalf of health plans and ambulatory health care providers nationally were strengthened in 2013. Gordon Thomas Honeywell Governmental Affairs (GTH) was retained to represent the policies and interests of AAAHC before the U.S. Congress, state legislatures, and federal and state regulatory agencies.

As a first task, GTH reached out to more than 3,000 state legislators to raise exposure for AAAHC and issues focused on accreditation. This initiative included communication to some 300 state officials charged with developing and implementing state accreditation policies.

Next on the docket will be representing AAAHC interests before the 113th U.S. Congress and each of the state legislative sessions convening through 2014.

With the constantly changing landscape in health care, we continually refine ongoing initiatives and create new resources to best serve accredited organizations – and their patients.

AAAHC addresses issues that encompass the latest standards of care and guidelines, legislation, new developments in venues such as Medical Homes, accreditation preparation, new technology and more.

The end-goal is clear: To advance patient care in ambulatory settings.

New High-Tech Tools

Mobile App Locates Facilities

The new AAAHC Quality Care Finder allows users to locate accredited facilities in a specific geographic area, learn their specialties and contact them from any GPS-enabled mobile device. It’s ideal for those who seek competitive intelligence, make referrals or even for patients looking for a surgical or other type of center.

Scan now to download app or go to http://eweb.aaahc.org/eweb/aaahcmapapp/

Customized Software for ASCs

AAAHC signed licensing agreements with ASC Pro, an ASC compliance software company, and PowerDMS, a document management solution firm, which allow them to use AAAHC Standards in their products.

The new customized software programs are now available to enable organizations to better manage their accreditation process, whether the organization is seeking its first accreditation or is preparing to reaccredit.

The new tool also allows surgery center administrators to more easily perform a host of applications, including data storage and search and enhanced monitoring of compliance requirements.

For more information, visit www.ASCpro.com and www.PowerDMS.com/AAAHC.
Learning from the Experts

AAAHC wants organizations to be fully prepared for a successful accreditation survey and attain the greatest benefit for their facilities and patients from the process. That’s why on a quarterly basis, a team of our most experienced AAAHC surveyors and staff conduct two-day “Achieving Accreditation” seminars held around the country.

These interactive, in-depth educational sessions include:

- A comprehensive review of AAAHC Core Standards
- Small group discussions on quality improvement (QI) studies
- Meetings with faculty and peers in either the surgical/procedural or primary care environment to discuss Standards that apply to the setting

To further tailor the learning experience, participants may select from additional elective sessions offered (such as Medicare Conditions for Coverage or Medical Home Standards) and then conclude with a visit to the Chat Room for further individual, non-structured consultation.

“I learned a lot from the large group sessions, but the Friday afternoon small group was awesome. The class was information packed and very detailed.”

— Jamie Lynne Vigil
Implant and Oral Surgery Center, Littleton, Colo.

“It is very informative, especially to have your facilitator come from a setting like yours. You can compare notes and ideas.”

— Paula Dobberstein, RN, LHRN
Eye Specialists Laser and Surgery Center, Fort Myers, Fla.

“I have been through two accreditations and still find this course a ‘must’ for my organization prior to a survey.”

— Elizabeth Wood, RN, RVT, MBA
EPC, LLC, Syracuse, N.Y.

Healthcare Consultants International

Healthcare Consultants International (HCI) is a for-profit subsidiary of AAAHC that provides broad-based medical and surgical consulting services. Its primary focus is helping ambulatory health care organizations prepare for accreditation, licensure and certification (including Medicare).

The HCI team of consultants and instructors, who are experienced clinical practitioners and accreditation surveyors, help organizations successfully navigate the process, whether organizations seek accreditation for the first time or are renewing. Other areas of emphasis include regulatory compliance, clinical, quality assessment and improvement, review of clinical policies and physician/staff credentialing. HCI offers written policies and procedures, tools and templates as well as educational programming in the form of live workshops and online webinars covering timely and relevant topics.

HCI consulting services are separate and independent from the accreditation services of AAAHC. All accreditation decisions by AAAHC are made without regard to whether consulting services have been provided by HCI or any other organization.
AAAHC Across the Globe: International Accreditation

Whether one is a resident of a foreign country receiving maternity care at a local clinic, or a U.S. citizen who traveled abroad for cosmetic dental work, patients seek the same outcome from their medical treatment: care that meets the highest standards of quality and safety.

That is why we established AAAHC International in 2010 to help providers in other countries who seek to offer ambulatory health care services consistent with the Standards of AAAHC-accredited U.S. organizations.

Similar to the process in America, non-U.S. facilities benefit from a rigorous, peer-based evaluation and on-site interactive, consultative approach designed to help meet AAAHC International Standards. AAAHC International also addresses the many differences in various countries that relate to their specific health care delivery systems, and offers culturally relevant responses to the differing local social and economic environments.

In 2013, AAAHC International achieved several milestones to help reach its mission:

▲ MEDAVAN, a leading ambulatory surgery center in Peru, became the first Latin America ASC to achieve AAAHC International accreditation. MEDAVAN is the third Peruvian facility to achieve this accreditation. Previously, AAAHC International also accredited five organizations in Costa Rica.

▲ AAAHC International further established its presence as a leader in international accreditation with high-profile speaking appearances at the International Association for Ambulatory Surgery (IAAS) conference in Budapest, Hungary, and the Peruvian Medical College conference in Lima, Peru.

▲ AAAHC International engaged the Goodness Company, a global health care marketing organization based in San Jose, Costa Rica, to help reach out to ambulatory health care facilities in Central and South America.

We also witnessed growing interest in accreditation services beyond ambulatory settings, including facilities that involve overnight patient stays. This represents another opportunity AAAHC International will explore in 2014.

Rodrigo Langberg
Adjunct General Manager, MEDAVAN

“We’re proud to demonstrate to our patients and our community that we take providing high quality care very seriously, and that’s why we’ve taken this extra step to become accredited.”
Editorial media convey the AAAHC story to the health care industry and consumers to reinforce the value that this non-profit association brings to its accredited, organizations and their patients.

In 2013, AAAHC media coverage reached millions with stories in numerous influential and well-read outlets such as Becker’s ASC Review, Drug Topics, Gastroenterology and Endoscopy News, Medical Home News, Modern Healthcare, Modern Medicine, OR Manager and a recurring column in OR Today.

Articles focused on a wide range of topics and addressed issues such as:

- The Patient-Centered Medical Home
- AAAHC New Health Plans Standards
- How to be accreditation ready
- Accreditation of Walgreens Healthcare Clinics
- AAAHC Patient Safety Toolkits
- Winners of the 2013 Bernard A. Kershner Awards
- AAAHC Achieving Accreditation seminars
- New AAAHC officers

Looking Ahead

AAAHC has raised the bar on ambulatory care through accreditation for 35 years.

The secret of our success? Our peer review.

AAAHC surveyors are physicians, nurses, anesthesiologists, pharmacists, dentists, medical directors, administrators and other health care professionals. They intimately know the environments they visit and review, providing a base of knowledge that fosters a collaborative, compassionate outcome.

This is why organizations routinely praise us for our consultative and educational survey process. And why we are the leader in ambulatory accreditation.

Throughout the year, we will be announcing initiatives that reflect on this meaningful anniversary milestone.
AAAHC Leadership and Association Members

2013/2014 Officers
Margaret Spear, MD, Chair
W. Patrick Davey, MD, MBA, FACP, Vice Chair
Frank J. Chapman, MBA, Treasurer
Meena Desai, MD, Secretary
Karen McKellar, Immediate Past Board Chair
John E. Burke, PhD, President and CEO

2013/2014 Board of Directors
Marshall Baker, MS, FACMPE, 2006
Edward Bentley, MD, 2006
W. Dore Binder, MD, 2010
Frank Chapman, MBA, 2005
Ira Cheifetz, DMD, 2013
W. Patrick Davey, MD, MBA, 2003
Jan Davidson, MSN, RN, CPHRM, 2011
Mark DeFrancesco, MD, MBA, 2000
Meena Desai, MD, 2009
Richard Dolsky, MD, 2004
Richard Gentile, MD, 2006
Sandra Jones, CASC, LHRM, CHCQM, 2012
Girish Joshi, MD, 2006
Lawrence S. Kim, MD, 2004
Melanie Lang, DDS, MD, 2012
Ross Levy, MD, 2012
W. Elwyn Lyles, MD, 2011
S. Teri McGillis, MD, 2006
Mark Mandell-Brown, MD, 2013
Sarah Martin, MBA, RN, CASC, 2013
Karen McKellar, 2004
Timothy Peterson, MD, 2009
Beverly Philip, MD, 2000
Jerome Potozkin, MD, 2009
Kenneth M. Sadler, DDS, MPA, FACP, 2005
David Shapiro, MD, 2013
James E. Schall, DDS, 2011
Dennis Schultz, MD, 1994-2003, 2009
Edwin Slade, DMD, JD, 2004
Scott Tenner, MD, 2007
Arnaldo Valedon, MD, 2010
Mary Ann Vann, MD, 2008
Christopher J. Vesey, MD, 2011

Dates indicate beginning year of service

AAAHC Association Members

Ambulatory Surgery Foundation (ASF)
William M. Prentice, JD, Executive Director

American Academy of Cosmetic Surgery (AACS)
Jennie Ward-Robinson, PhD, Executive Director

American Academy of Dental Group Practice (AADGP)
Robert A. Hankin, PhD, Executive Director

American Academy of Dermatology (AAD)
Elaine Weiss, JD, Executive Director & CEO

American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)
Stephen C. Duffy, Executive Vice President

American Association of Oral and Maxillofacial Surgeons (AAOMS)
Robert Rinaldi, PhD, Executive Director

American College of Gastroenterology (ACG)
Bradley C. Stillman, Executive Director

American College Health Association (ACHA)
Doyle E. Randol, MS, Col USA (Retired), Executive Director

American College of Mohs Surgery (ACMS)
Kim Schardin, CAE, Executive Director

American Congress of Obstetricians and Gynecologists (ACOG)
Hal C. Lawrence, MD, Executive Vice President

American Dental Association (ADA)
Sheila A. Strock, DMD, MPH, Sr. Manager of Interprofessional Relations

American Gastroenterological Association (AGA)
Tricia Bardon, Director of Practice Management and Reimbursement

American Society of Anesthesiologists (ASA)
Paul Pomerantz, MBA, CEO

American Society for Dermatologic Surgery Association (ASDSA)
Katherine J. Duerdoth, CAE, Executive Director

American Society for Gastrointestinal Endoscopy (ASGE)
Patricia Blake, CAE, CEO

Association of periOperative Registered Nurses (AORN)
Linda Groah, MSN, RN, CNOR, NEA-BC, FAAN, CEO/Executive Director

Medical Group Management Association (MGMA)
Susan Turney, MD, President & CEO

Society of Ambulatory Anesthesia (SAMBA)
Erin Butler, Executive Director

Standing Committees
Accreditation
Audit and Finance
Bylaws
Executive
Governing Council
Nominating
Standards and Survey Procedures
Surveyor Training and Education
## AAAHC Financial Summary

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<td><strong>Total Revenue</strong></td>
<td>$6,632,568</td>
<td>$7,972,418</td>
<td>$9,795,740</td>
<td>$11,360,173</td>
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<td><strong>Total Expenses</strong></td>
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<td><strong>Net margins</strong></td>
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<td>$1,253,707</td>
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<td>$879,977</td>
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### AAAHC Executive Staff

- **John Burke, PhD**  
  President and CEO

- **Geoffrey Charlton-Perrin**  
  Director, Marketing and Communications

- **Meg Gravesmill, MBA**  
  Vice President/General Manager, Hospital Operations, AAHHS

- **Ray Grundman, MSN, CASC**  
  Senior Director, External Relations

- **Meg Kerr**  
  Director, Education and Surveyor Credentialing

- **Carolyn Kurtz, JD**  
  General Counsel and Vice President, Government/Public Affairs

- **Naomi Kuznets, PhD**  
  Senior Director and General Manager, AAAHC Institute for Quality Improvement

- **Kristine Mighion, MD, MBA**  
  Managing Director and CEO, Healthcare Consultants International

- **Jim Pavletich, MHA, CAE**  
  Vice President, Chief Operating Officer and General Manager, Ambulatory Operations

- **Janice Plack, CAE**  
  Director, Information Technology

- **Sergio Tumang**  
  Chief Financial Officer and Senior Director Administration

- **Michon Villanueva, MHA**  
  Director, Accreditation Services
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