

# **triangle**times

Volume 2 | Issue 3 | Summer 2015

## Practicing Excellence

Introducing  
Stephen A. Martin, Jr.,  
PhD, MPH

**Epidemiology** (ep-i-dee-mee-ol-uh-jee),  
*noun. def.:* the science that studies the  
patterns, causes, and effects of health and  
disease conditions in defined populations.  
It is the cornerstone of public health, and  
informs policy decisions and evidence-  
based practice by identifying risk factors  
for disease and targets for preventive  
healthcare.

As an epidemiologist,

Stephen Martin has a passion for translating data into action. As a new CEO, he plans to use data-driven decision making to create an exceptional accreditation experience for the full range of programs within the portfolio of The Accreditation

Association. This includes AAAHC and the AAAHC Institute for Quality Improvement, AAHHS (hospital accreditation), Accreditas Global (international accreditation), and HCI (consulting services).

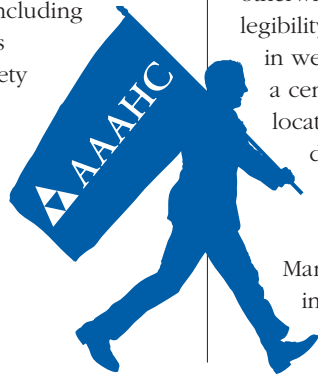
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# Standard Bearer: Manufacturer's Instructions for Use

Multiple AAAHC Standards reference manufacturers' instructions for use (MIU) for cleaning, disinfection, and sterilization equipment, supplies, and processes. Sometimes these instructions are printed on the item's label, such as those for EPA-approved cleaning and disinfecting solutions. Other MIU are complex user manuals, such as those for endoscopes, automatic endoscopic reprocessors, and sterilizers. Regardless of format, having the current MIU readily available provides quick, appropriate references for:

- Use and operation, including cautionary statements regarding worker safety
- Routine and preventive maintenance requirements
- Troubleshooting when needed
- Cleaning, handling, and storage



An accreditable organization should be able to produce the most-current MIU upon request of an on-site surveyor.

## INTENT OF THE STANDARDS

The intent of these Standards (see Chapters 7.I, 7.II, 8, 10.I and 10.III) is to ensure that products are used correctly and that applicable MIU are immediately available for reference.

## HINTS FOR MEETING THE STANDARDS

When using hard copies of MIU, consider posting them alongside the relevant equipment. Laminate or otherwise protect and maintain the legibility of the instructions, especially in wet areas. Alternatively, a centralized MIU resource location—such as an electronic document management storage system—can be used, as long as it is accessible to all users.

Manufacturers change written instructions from time to time. Refer periodically to the

manufacturer's website for the most current version, or require that your equipment vendors provide updates as they are released. Promptly identify users, and provide appropriate training when there are relevant changes.

Make it easy to comply with MIU. If an enzymatic detergent label states, "Soak completely submerged for 5 minutes," do users have access to a timer? When you change products, who reviews MIU for changes? How are all users informed of updates?

Many manufacturers have free competence verification documents; ask your vendor or check the manufacturer's website for training checklists and materials.

Compliance with MIUs can be a great topic for a quality improvement study. Collect data via logs or observation to see whether your providers and staff are meeting benchmarks for use. ▲

## Welcome to our newly accredited organizations

Congratulations to the 36 new organizations accredited between April 1 and June 30, 2015.

### CALIFORNIA

FaceCenterLA, Inc.

Noble Care  
Outpatient Surgery  
Center

Nova Surgical  
Institute LLC

Pacific Lipo

### FLORIDA

Murdock Surgery  
Center

Sarasota  
Ophthalmology ASC,  
LLC

### GEORGIA

Endoscopy Center  
of Coastal Georgia,  
LLC

Georgia Ambulatory  
Surgery Center, LLC

### IDAHO

Southern Idaho Pain  
Institute PC

### INDIANA

Interventional Pain  
Management LLC

### IOWA

Informed Choice of  
Iowa

### KANSAS

Surgery Center  
of South Central  
Kansas

### NEVADA

Apex Medical Center

### NEW JERSEY

Ambulatory Surgical  
Center of Englewood  
LLC

Ambulatory Surgical  
Center of New  
Jersey, LLC

### NEW YORK

Endoscopic  
Diagnostic &  
Treatment Center,  
LLC

Endoscopy Center of  
New York

Empire State  
Ambulatory Surgery  
Center

Gramercy Surgery  
Center, Inc

North Queens  
Surgical Center, LLC

### OREGON

Oregon Specialists  
Surgery Center LLC

Premier Ambulatory  
Surgery Center

The Oregon Clinic

### PENNSYLVANIA

Susquehanna  
University Health  
Center

### SOUTH CAROLINA

Florence  
Neurosurgery &  
Spine

### SOUTH DAKOTA

Black Hills Regional  
Eye Surgery Center,  
LLC

Siouxland Urology  
Center, LLC

Prairie States  
Surgical Center

Yankton Medical  
Clinic, PC

### TENNESSEE

Athens Surgery  
Center, LLC

### TEXAS

Destiny Surgery  
Center

Park Hill Surgery  
Center LLC

### UTAH

Ridgeline Surgicenter

### WASHINGTON

Pacific Rim  
Outpatient Surgery  
Center, LLC

The Vancouver  
Clinic- Ambulatory  
Surgery Center

Brookfield SightLab  
Ltd

## Practicing Excellence, continued from page 1

Many of Dr. Martin's first initiatives will relate to creating the means to integrate these programs to meet the evolving needs of new and existing health care organizations.

"I think the Board selected me for this role because I bring a research background, an understanding of health systems, and a history of successfully moving policy forward by engaging a broad group of constituents and stakeholders at the local, state, and national levels," Dr. Martin said.

"Because Accreditation Association Standards have always been developed by teams working in the real world—and by that I mean working in the setting to which they will be applied—we are uniquely positioned to offer meaningful, yet flexible accreditation to any kind of organizational structure.

"Many of our existing and future customers will be participants in ACOs or other value-based systems of care," he said. "Our experience to date positions us to be true partners in improving quality across all points of service to patients."

## He plans to use data-driven decision making to create an exceptional accreditation experience.

Dr. Martin comes to AAAHC from the Association for Community Health Improvement at the American Hospital Association (AHA) where he was the executive director. He also has served as the chief program officer for the Health Research & Educational Trust/AHA, the health commissioner and chief operating officer for the Cook County Department of Public Health, and a senior executive with the Cook County Health & Hospitals System, the third largest U.S. public health care system.

"As my career has moved from disease-based research to health care management," Dr. Martin said, "the epidemiologic habits of mind—looking at patterns and identifying root causes—translate quite directly into a philosophy of leadership. The tools travel well. It's not by accident that we refer to the rapid dissemination of information via social media as 'going viral.'"

"AAAHC currently meets the needs of a variety of governing structures from stand-alone ASCs to multi-site retail clinics to corporate entities that operate networks of workplace-based clinics... In the future, I envision seamless integration of all of our programs in a way that works to the advantage of our customers.

*continued on back page*

## Ten things to know about Dr. Martin

1. He's originally from Nawlins. (That's New Orleans to you northerners.)
2. His favorite place in New Orleans (besides his grandmother's house) is Café du Monde.
3. Despite being from the south, he is an avid skier.



4. He spent 3 years in Belgium while growing up.
5. His daughter is a college sophomore studying radio broadcast communications.
6. His father was honored posthumously as the first African American to play any varsity sport (baseball) in the SEC (Southeastern Conference). At Tulane University, Stephen A. Martin, Sr. earned his bachelors in Latin with a minor in Math while on academic scholarship, and later his MBA. He retired as Chief Financial Officer at Tuskegee University in 2012.
7. His wife, Monique, is the author of *The Moon Is Broken*, a children's book.
8. His uncle was ordained as Auxiliary Bishop of New Orleans in March of this year.
9. He's a Formula One racing fan who attended the 2015 Grand Prix du Canada.
10. Before starting his new job, he test drove the commute (shortest time: one hour, ten minutes; longest time: two hours, 15 minutes). We can't comment on his speed. ▲





# News Briefs

## STATES INCREASINGLY RECOGNIZE AAAHC ACCREDITATION FOR FULFILLMENT OF LICENSING REQUIREMENTS

AAAHC has stepped up efforts to make lawmakers aware of our programs and the subsequent benefits to patients. Over the past 12 months, eight states added the acceptance of AAAHC accreditation to their laws/regulations for various programs.

### Arizona

#### **Health Plans**

A health care insurer that proposes to provide coverage of inpatient hospital and medical benefits, outpatient surgical benefits or any medical, surgical or health care service for residents of this state with utilization review of those benefits must meet at least one requirement listed in the statute including that the insurer be accredited by one of the organizations named in the statute or any other nationally recognized accreditation process recognized by the director. A.R.S. Sec. 25-2510(A)(2).

### Colorado

#### **General Hospitals including Ambulatory Surgical Centers**

The Dept. of Public Health recognizes facilities currently accredited by an organization recognized by CMS as satisfying the requirements for renewal of a health facility license and providing a license fee reduction. 6 CCR 1011-1, Chapter 4, adopted June 18, 2014.

### Connecticut

#### **Student Health Centers/Sexual Assault Forensic Examiners**

Senate Bill 966 relates to sexual assault forensic examiners at institutions of higher education. It defines "Health care facility as a facility (A) operated by an institution of higher education, (B) licensed by the Department of Public Health as an infirmary operated by an educational institution or as an outpatient clinic, and (C) accredited by the Joint Commission or the Accreditation Association for Ambulatory Health Care. This bill was enacted on May 26, 2015.

### Delaware

#### **Surgical Abortions/ASC**

The Division of Public Health amended Delaware regulations governing facilities that perform invasive medical procedures. The new rule amends the definition of anesthesia and requires any facility that performs surgical abortions with any level of anesthesia, including local anesthesia, to be accredited by an approved organization. Facility is defined as any location at which any invasive medical procedure is performed, but does not include any hospital or any freestanding birthing center, freestanding surgical center, or freestanding emergency center. On May 7, 2015, the Delaware Health Facilities Licensing Program confirmed that AAAHC is an approved accrediting organization. 16 DE Admin. Code 4408. Final regulation May 1, 2015.

### Illinois

#### **Patient-Centered Medical Home/Continuity Clinics**

A hospital that participates in the Graduate Medical Education program by establishing a Resident Continuity Clinic which obtains PCMH accreditation from AAAHC or another recognized accrediting organization will receive a share of the Medicaid funds allocated to the program. 38 Ill. Reg. 15165, effective July 2, 2014.

### Maryland

#### **Cosmetic Surgery Facilities**

Cosmetic Surgical Facilities must be accredited by one of the organizations (including AAAHC) named in the regulations. COMAR 10.12.03 Cosmetic Surgical Facilities, effective July 1, 2015, Vol. 41, Issue 24, Maryland Register December 1, 2014.

### Minnesota

#### **Health Plans**

AAAHC was added to the definition of "nationally recognized independent organization" that can accredit health plans under the state insurance laws. MN Statutes Section 62Q.37 (2014), amended by MN Senate Bill 1458, enacted May 22, 2015.

#### **Ambulatory Surgical Centers, Hospitals, Quality Management Program**

Any health care entity licensed or certified by the Dept. of Public Health pursuant to Section 25-1.5-103(1)(a), including hospitals and ambulatory surgical centers, must establish a quality management program appropriate to the size and type of facility that evaluates the quality of patient or resident care and safety. If a subject health care entity has a quality management program that complies with the quality standards of a Medicare deemed status accrediting organization, such as AAAHC, and the program includes the elements defined in the rule, the organization is not required to develop a separate quality management program. 6 CCR 1011-1 Chapter 8, adopted 10/15/2014, Code of Colorado Regulations eDocket 10/17/2014.

### New Mexico

#### **Medicaid MCOs/Patient-Centered Medical Home**

MCOs that contract with the state Medicaid program (Centennial Care) are required to establish a patient-centered medical home initiative based on the PCMH standards of AAAHC or another named accreditation organization. Managed Care Policy Manual, effective January 1, 2014 and last revised August 15, 2014.

**AAAHC WEBINARS BRING EDUCATION TO YOUR DESKTOP**

Webinars offer live or at-your-convenience education on accreditation topics. Register online at <http://www.aaahc.org/education/webinars>. Upcoming topics include:

<b>August 12</b>	<b>Top Life Safety Code Deficiencies: Understanding the Requirements</b>	Presenter: William Lindeman, AIA
<b>September 24</b>	<b>Safety Ready: Meeting OSHA requirements for AAAHC</b>	Presenter: Nancy Jo Vinson, RN, BA, CASC
<b>October 15</b>	<b>Infection Prevention and Control: Cleaning the Environment</b>	Presenter: Gail Harris, RN, MS, MA, CIC
<b>November 11</b>	<b>Top Accreditation Deficiencies in Primary Care Settings</b>	Presenter: Ray Grundman, MSN, MPA, FNP-BC, CASC
<b>November 17</b>	<b>Top Accreditation Deficiencies in Surgical Settings</b>	Presenter: Kris Kilgore, RN, BSN

# Quality



**QI INSPIRATION**

Each accredited organization includes two completed quality improvement studies when submitting an application for survey. If your organization is looking for new avenues for improvement, here are titles and descriptions of some recent topics we've seen:

**Post-Procedure Anti-Coagulation Instructions**

The purpose of this study is to evaluate post-procedure instructions given to patients specifically related to anti-coagulation therapy. We want to ensure that, at discharge, each patient knows when to restart their medication(s) (ASA, Coumadin, Pradaxa, Plavix).

**Prescribing Azithromycin**

Azithromycin is among the most dispensed medications but the indications for its use are few. We suspect that it is being overprescribed. The purpose of this study is to ensure that providers are following evidence-based guidelines for prescribing.

**Documentation of Endoscope Reprocessing**

It is important that all endoscopes are reprocessed according to manufacturer instructions and that this is fully documented. This study looks at our process for reprocessing and documentation to find out why some scopes are missing documentation.

**Advance Directives**

The purpose of this study is to measure whether advance directives were discussed and documented in the clinical record for eligible patients by their provider. This study fulfills the requirement for a Medical Home study related to relationship Standards.

**Full Thickness Skin Graft Viability using FAG suture vs. Nylon suture**

Currently, nylon sutures are used on full thickness skin graft repairs; however, because of the manipulation of the skin upon suture removal, the graft can become compromised by dehiscence and infection. In addition, nylon sutures require the patient to return for removal. The purpose of this

study is to investigate whether using fast absorbing gut (FAG) dissolving sutures for full thickness skin grafts is effective in maintaining viability of the graft.

**Mental Health No Shows**

Mental health services at the University Student Health Center are in high demand. Typically, there is a three to four week wait for an initial appointment, but we also have a high “no-show” rate. This study looks at how to decrease the no-show rate to improve access.

**NEW TOOLKIT RELEASED**

*Peer Review and Benchmarking* is the latest Patient Safety Toolkit developed by the AAAHC Institute. The tool includes an outline for aligning peer review policy and process, and builds understanding of the connections and interdependencies among peer review, internal and external benchmarking, and quality improvement.

AAAHC-accredited organizations will be mailed a print copy of the new toolkit in late July. Additional copies in print or electronic format can be purchased at [www.aaahc.org/institute/Patient-Safety-Toolkits](http://www.aaahc.org/institute/Patient-Safety-Toolkits). ▲





## Achieving Accreditation goes to Vegas

At *Achieving Accreditation*, what happens in Vegas is definitely **not** meant to stay in Vegas.

Join us December 4 & 5 as we shine a light on the Standards, quality improvement and benchmarking, and the accreditation process.

Join us December 3 for the APIC-sponsored pre-conference workshop, *How Safe are your Safe Practices?* This is your chance to learn about infection prevention in ambulatory settings from an APIC expert and AAAHC surveyor.

Throughout these events, you'll meet colleagues from practice settings like yours to share best practices, build relationships, and get the most out of your AAAHC accreditation survey.

### Earn while you learn:

#### CASC AEU's

This program is approved for 12 hours of AEU credit by BASC Provider #2614.

#### CNE credits

This activity will provide 11 contact hours.

This continuing nursing education activity has been approved by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval valid through 6/30/2-17. Assigned ONA #18087.

Criteria for successful completion of this activity are:

1. attendance at the entire event, through noon on Saturday
2. provision of your signature on the program sign-in sheet
3. completion and submission of an evaluation form. The planners and faculty of this activity have declared no conflicts of interest.

Join us in at the Wynn Las Vegas. Find details and register at [www.aaahc.org/education](http://www.aaahc.org/education). ▲

### July 2015

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26	27	28	29	30	31	

■ = education ■ = outreach

### July

*Connection* published

*Triangle Times* published

13-14

13th Annual Congress on On-Site Employee Health Clinics (conference exhibit)

### August 2015

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### August

7-9

GI Outlook 2015 (ASGE/AGA) (conference exhibit)

12

webinar: Top Life Safety Code Deficiencies

23-25

NACHC-Community Health Institute (conference exhibit)

30-Sept 1

OR Today LIVE (conference exhibit)

### September 2015

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### September

9-11

California Ambulatory Surgery Assn, Huntington Beach (presentation and exhibit)

24

webinar: Safety Ready- Meeting OSHA Requirements

24-25

Texas Ambulatory Surgery Center Society, San Antonio (conference exhibit)

# Surveyor Spotlight



**ALSIE FITZGERALD, RN, CASC**

“Alsie has a deep understanding of how a surgery center operates, from the big picture at the level of governance to the detail of daily operations. She cares about supporting each organization, regardless of size, to deliver quality care for every patient, every day,” said Mary Wei, Assistant Director, Accreditation Services.

Surgery was Alsie Fitzgerald’s passion as a student nurse and with the advent of ambulatory surgery centers in the 1970s, she saw, and seized, the opportunity to contribute to a new way of serving patients.

“Early on, we spent a lot of time educating patients so that they would be comfortable having surgery in a non-hospital setting,” Ms. Fitzgerald explained. “These were primarily elective procedures and patients were quick to understand that they didn’t need the kind of 24-hour care that hospitals deliver; that they would get better faster and return to their normal life more quickly if they could go home after surgery.”

Alsie discovered that selling the concept to payers was more challenging. While serving on the Board of the Ambulatory Surgery Foundation (now the ASCA) she found herself explaining to Members of Congress that a procedure could be done by the same surgeon with the same equipment and supplies, with the same (or better) outcome and at a lower cost in an outpatient setting.

“In those days we were not as good at using data to show outcomes,”

she said. “Today, the results are easy to demonstrate and back up with measurement.”

## **GROWING AS A LEADER**

Ms. Fitzgerald’s passion for demonstrating quality was further developed as the Director of Clinical Operations for HCA’s Ambulatory Surgery Division, a role in which she served from 1997 to 2005. She encouraged HCA facilities to seek AAAHC accreditation and her team worked with the individual centers to prepare for their surveys. In 2002, she met with the leadership of AAAHC to discuss options for accreditation for corporations with multiple surgical facilities. From this, a new AAAHC program, the Corporate Quality Alliance (CQA), was born.

In 2005 Ms. Fitzgerald became a surveyor for AAAHC. This along with her role as a Board Member of BASC (Board of Ambulatory Surgery certification) has kept her actively involved in the industry.

**“She has a wonderful way of putting physicians, nurses, and administrators at ease, and she has a bank of knowledge that is invaluable.”**

“When Alsie Fitzgerald speaks, people listen,” said Laurie Deihs, Assistant Director, Surveyor Services and Education. “Within ten minutes, everyone at the organization being surveyed understands that she is a colleague who is there to help them. She has a wonderful way of putting physicians, nurses, and administrators at ease, and she has a bank of knowledge that is invaluable.”

“What I enjoy most about being a surveyor” said Ms. Fitzgerald, “is being able to provide education and share ideas from facility to facility through consultative comments. I tell organizations that I am not a ‘got ya’ surveyor, that I’m there to help them become accredited and provide quality care to the patients they serve.

“I especially like to visit solo practices that don’t have the benefit of a corporate structure behind them. In that setting, I can help a smaller staff understand what they need to be doing to ensure that they are meeting the requirements.”

Ms. Fitzgerald conducts 30-40 surveys a year in organizations ranging from Medicare-certified ASCs to small office-based surgery practices.

“When I first started as a surveyor, I thought I’d never be able to live up to my mentors. Now, I am a mentor and my role is to get new surveyors started on the right path. My catch phrase is ‘what does the Standard say?’ It’s a way to remind them they should educate themselves and the organizations they survey about the basis and intent of the Standards, engage with the organization’s staff to understand how they are meeting the Standards, and share alternatives.

## **LOOKING TO THE FUTURE**

“I say when it is no fun anymore, I am going to retire (again), but so far that hasn’t happened.”

Meg Kerr, Senior Director of Surveyor Services and Education, said, “There is no survey to which I wouldn’t send Alsie. She handles even challenging situations with troubled organizations with such intelligence and grace that she leaves the organization’s staff grateful and confident in their ability to improve.”

And that’s really the goal of accreditation. ▲

## Are you making the Connection?

The AAAHC e-newsletter, *Connection*, is sent via e-mail every other month. Each issue covers a single topic of broad interest to those providing health care services in a primary care or surgical outpatient setting. Send an e-mail to [aftzsimmons@aaahc.org](mailto:aftzsimmons@aaahc.org) if you'd like to become a subscriber.

## Keep in touch!

Has your staff grown or changed? Is your organization's point of contact for accreditation the same person that it was when you last completed an application for survey? If not, please send an e-mail at [notify@aaahc.org](mailto:notify@aaahc.org) with the name of the new primary contact, his/her job title and e-mail, and your organization name and address.

## Practicing Excellence, *continued from page 3*

"An ASC that is acquired by a hospital, for example, can retain its valued AAAHC accreditation while the affiliated hospital becomes accredited by AAHHS. We can do this in a way that adds value through operational and cost efficiencies for both without compromising our focus on a peer-based, educational approach to accreditation, or on the relevance of setting-appropriate Standards, for which we're known," Dr. Martin said.

"As we become more data-driven, we will know exactly where to target education and tools to drive quality. In this way, excellence will increasingly differentiate AAAHC (or AAHHS or Acreditas Global)-accredited facilities, making them

more attractive as partners in an ACO-type arrangement—as well as to consumers when they are making health care decisions.

"As health commissioner, part of the job is understanding how the health department can partner with organizations to achieve a standard and then holding them to that expectation. I am also a teacher. Taken together, those roles mean guiding organizations to achieve excellence in their programs. I haven't been with AAAHC very long, but that sure sounds like what we intend each time we send surveyors out to a facility." ▲

### In this issue:

Introducing Stephen A. Martin, Jr., PhD, MPH  
Standard Bearer: MILUS  
Surveyor Profile: Aislie Fitzgerald, RN, CASC  
New toolkit released: Peer Review  
and Benchmarking

ACCREDITATION ASSOCIATION  
for AMBULATORY HEALTH CARE, INC.  
5250 Old Orchard Road, Ste. 200  
Skokie, Illinois 60077