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

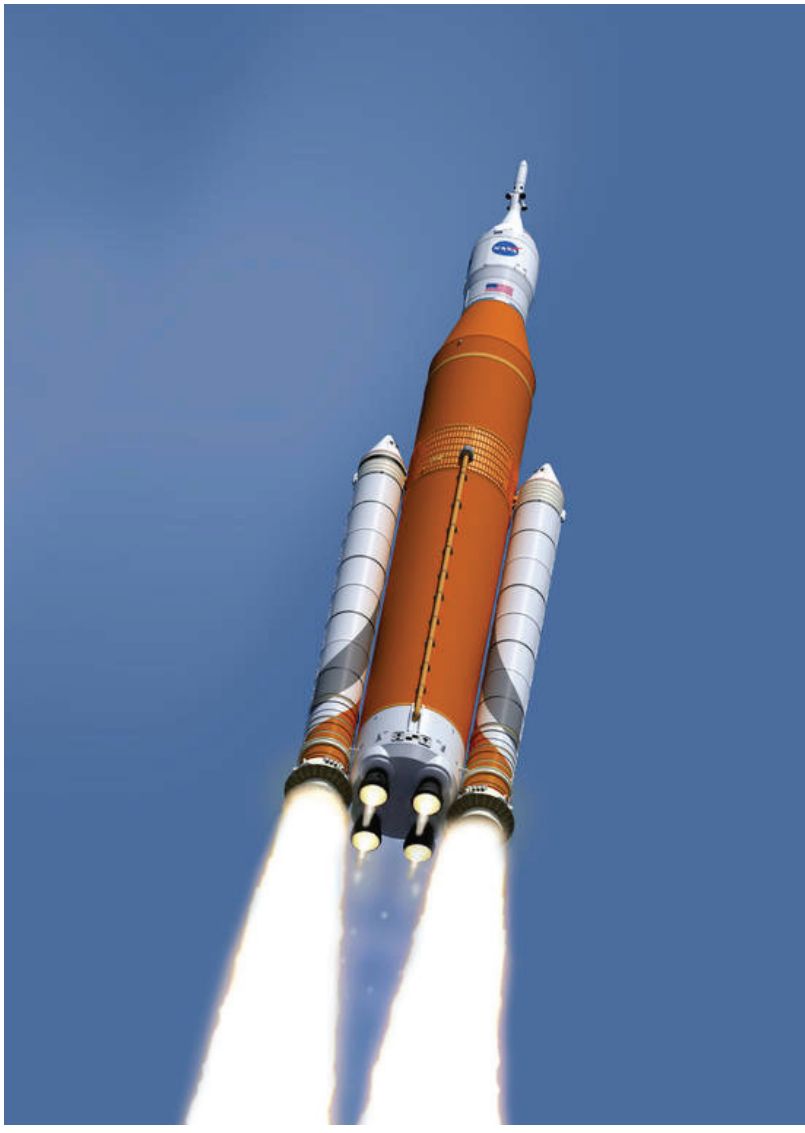
AAAHC

triangletimes

Volume 3 | Issue 2 | Spring 2016

AAAHC Accreditation in the Space Age

What would you assume are the usual health care issues at an occupational health center: Carpal tunnel syndrome? Back pain? Asthma? At Marshall Space Flight Center (MSFC), health care issues are a little more unusual, because one of



Marshall's core capabilities is rocket propulsion and space vehicle design, development and testing. This capability requires employees to work with high pressure gases, propellants, asphyxiates, high voltages, and other hazards.

Mary Jones is the HPM Corporation Program Manager for Occupational Health Services at the Marshall Space Flight Center in Huntsville, Alabama, a position requiring a thorough understanding of the MSFC mission objectives while also providing occupational medicine, emergency ambulance service, industrial hygiene, and hazardous waste management.

To widespread delight among the staff, Mary is also a recent Space Flight Awareness Honoree, one of only two categories of awards presented by NASA's astronaut corps, recognizing

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A message from the Medical Director: Reviewing your impaired professional policy

Your written risk management program must include a policy for how your organization addresses concerns regarding an impaired heath care professional. Although most research indicates health care professionals suffer from substance use disorders at a rate (10-15%) similar to the general population, there have been some articles indicating a higher rate of abuse and/or dependence on legal controlled substances and prescription medications among physicians and nurses. A 2015 online article in Medscape cited several papers that indicated that 15.3% of physicians surveyed met diagnostic criteria for alcohol abuse or dependence.[1] Another citation noted that female surgeons had almost twice the rate of abuse or dependence as their male colleagues. Going back as far as April 2009, Modern Medicine published "Drug addiction among nurses: Confronting a quiet epidemic" quoting the American Nurses Association that approximately 10% of nurses in the USA are drug dependent which calculates out to approximately 300,000 nurses.

EDUCATING FOR EARLY IDENTIFICATION

Chances are high that you will encounter a professional in your organization who is in some stage of substance dependence. So how effective is your policy? When a provider shows up with slurring speech or obviously unusual motor activity, you would take immediate action, but does your staff know what to look for as an early indicator of alcohol or drug (prescription and/or illegal) abuse or dependence? Does your staff training focus on addiction as a treatable disorder with best results when the treatment starts early?

In health care settings, the first clues often come from unusual patterns of drug administration, poor or missing documentation of administration of controlled substances, undocumented "waste," "lost" ampoules or vials of controlled substances, empty syringes with very fine needles or in lockers, and requests like "just get me the medication and syringe and I will administer it myself so I can see how it is working and titrate the dose." These can all be subtle (or not-so-subtle) signs of drug diversion. There are many opportunities in the workplace and this list is not meant to be all-inclusive.

Certain medications, especially those that come in ampoules, have a small amount of over-fill that is easy to access. Fentanyl is an excellent example and may be the most abused drug in the ASC setting. A busy anesthesia provider could draw up small amounts of over-fill or even a little more from many ampoules in any one day, still giving the patient all or most of what they were supposed to get without drawing suspicion because the patients are not in pain.

Jack Egnatinsky, MD

Health care providers are often very good at hiding their abuse. Subtle signs such as unusual episodes of impatient behavior, mood swings, sleepiness, irritability, and shifting blame or responsibility to another may be signs suggesting that you should pay more attention to an individual's activities. These behaviors may reflect problems other than substance abuse or dependence, but they should not be ignored.

A BROAD VIEW OF IMPAIRMENT

Impairment can arise from many situations and your policies should include these and leave open the possibility of others not yet identified. Based on my experiences over the years, emotional distress and sleep deprivation should be included. The latter is often noted in anesthesia providers who come to the ASC after a night on call for a "short" or "easy" day and then are seen dosing off during a case. Similarly, emotional distress can be short term and situational, or it may be part of a more serious problem.

At the time of commencing employment, part of the orientation

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[1] Medscape Business of Medicine. May 06, 2015.

outstanding efforts of individuals dedicated to ensuring astronaut safety and mission success. Mary's award was presented "for exemplary performance, service, expertise, dedication, and in-depth knowledge of regulations in the management of the Occupational Medicine Program at the MSFC in support of the NASA Space Program."

One of the key factors considered in giving this award was that the MSFC Medical Center is the only NASA medical center to attain AAAHC accreditation. And Mary has been the driving force behind this achievement since their first consultative survey back in 2010.

When HPM Corporation management first brought up the idea of AAAHC accreditation, most employees were not that familiar with AAAHC – Mary included. But she and her Chief Nurse attended an *Achieving Accreditation* seminar and returned to start familiarizing the staff with AAAHC accreditation and its advantages, and beginning the preparation process for an accreditation survey.

"We had most of the basic elements in place but lacked a disciplined, structured quality process," Mary says. "Once we understood the Standards, we were able to focus our energies on achieving them." Through the hard work of their small, but determined medical staff, they sought a broader perspective. "We established a quality management and

> "Better processes...now work together to continually save time and improve our clinic's quality of care."

improvement committee to help us revise our policies and procedures to meet AAAHC requirements," she adds.

What does Mary see as the benefits of AAAHC accreditation? "Higher standards, more structured processes, improved accountability, "she replies. "And better processes that now work together to continually save time and improve our clinic's quality of care."

Mary has worked at MSFC for over 25 years, beginning as a part-time RN and eventually rising to Program Manager. "After our second child was born, I wanted to work in health care outside of the hospital setting," she says. "My husband was an engineer with NASA and suggested I consider the NASA MSFC occupational health clinic."

The Marshall Space Flight Center is one of ten NASA field centers across the US, and a key contributor to a host of significant NASA programs including the Saturn V rocket that launched America's astronauts to the moon; Skylab, the world's first space station; the propulsions systems for the space shuttle; Spacelab; the Hubble Space Telescope; and the construction and science operation of the International Space Station. Looking forward, the role of MSFC is to assist NASA in meeting its exploration mission objectives by leading the development of a new family of launch vehicles. Alongside such an inspiring purpose, Mary is equally proud of their AAAHC accreditation. ▲

Left to Right: Paul Gilbert, Deputy Manager Flight Programs and Partnerships Office, Mary Jones, Spaceflight Awareness Honoree, Reid Wiseman, Astronaut Expedition 40/41 International Space Station Crew, William Hill, Deputy Associate Administrator for Exploration Systems Development.

Surveyor Spotlight

CHARLES DERUS, MD

When Chuck Derus has time away from his role as Vice President Medical Management at Advocate Good Samaritan Hospital in Downers Grove, Illinois, he's likely to be found in the desert southwest, taking pictures. He is reluctant to call himself an accomplished photographer, though.

"Just because you can buy a clarinet doesn't mean you're a musician," he said, "but put a camera in someone's hand and they're ready to call themselves a photographer.

"For the past ten years, I've been trying to learn landscape photography. The southwest is inspiring; you can pull off the highway and take a beautiful picture just by looking in any direction. That's a lot harder to do in the forest preserve near my home, but I try there, too!"

What might appear to be modesty, could be more accurately described as the outlook of a lifelong learner. Dr. Derus believes that people have a drive to get better at what they do; he sees that play out in his pursuit of photography and thinks it's why people become surveyors.

"I started my medical career as an internist and rheumatologist. Fifteen years ago, I rejoined my original group practice as the Medical Director just before our AAAHC resurvey. I found the experience really interesting, but a little baffling. Three years later and still a little baffled at the next survey, the lead surveyor mentioned AAAHC was looking for new surveyors. I thought the best way to understand the process would be to become a surveyor. After working with AAAHC surveyors on surveys and interacting with the team at the Skokie office, I was hooked.

"I am always pleasantly surprised that every place I survey does something that's really neat—something that's uniquely innovative within their organization. Often there's something I can bring back to improve my own organization.

"I'll give you an example: I was surveying a small, two physician practice and I asked them to brag about themselves; to tell me about something they were really proud of. They introduced me to the nurse who handles patient follow-up of abnormal MRIs and CTs. Abnormal imaging results were immediately flagged and the nurse followed up on each and every flagged abnormality to make sure repeat exams were performed at 3-6 months as recommended. Their continuity of care was exceptional.

"I can order a 99 cent package of shelf brackets from across the country and track the progress all the way to my door. But there are patients who have a $1000 MRI and don't receive a critical follow-up study in 3-6 months. I brought that one, simple follow-up idea back to my own group practice and it saved one patient every two years from a delayed diagnosis of cancer and reduced the group malpractice premium by over $1 million a year."

Chuck Derus surveys a range of organizations for AAAHC including group practices, ASCs and office-based surgery settings. His current role in a 333-bed community hospital that is a Level I trauma center has made him a valuable contributor to the development of the hospital accreditation programs of our sister organization, AAHHS. ▲

Derus, White Pocket, Vermillion Cliffs National Monument, Arizona

Standard Bearer: 10.I.H Written consent for procedure

Some Standards in Chapter 10, Surgical and Related Services, apply to almost every organization AAAHC surveys. As the chapter introduction indicates, a range of terms used in the Standards (including surgery, procedure, operation) is intended to refer to any technique that enters or changes body tissues including cutting, abrading, suturing, and the use of a laser. Some Standards may not apply to organizations that only perform minor, superficial procedures without anesthesia or under local or topical anesthesia, but even these organizations usually employ one or more of these techniques.

Standard 10.I.H concerns patient consent for these procedures.

THE STANDARD

10.I.H Informed consent for the proposed procedure is obtained.

1. *There is documentation that the necessity or appropriateness of the proposed procedure or surgery, as well as alternative treatment techniques, have been discussed with the patient.*
2. *The organization obtains written informed consent from the patient or the patient's representative before the procedure or surgery is performed.*

INTENT OF THE STANDARD

Written informed consent has always been required in Medicare-certified ASCs. Some states require a written consent, but many do not. The Standard now extends the requirement for written documentation of consent to other surgical/procedural settings and surveyors will consider the applicability of written consent in all settings.

In prior years, AAAHC accreditation identified separate Standards (10.I.H and I) related to consent. For 2016, they have been combined in a single Standard and clarified as elements in a single process.

HINTS FOR MEETING THE STANDARD

In primary care settings, there is an expectation that some procedures such as cryotherapy of warts, removal of skin tags, etc. are sufficiently benign that they will not require written, signed consents. To assess compliance with 10.I.H.2 in primary care settings, surveyors will ask for the organization's policies or guidelines regarding when written vs. verbal consents are required, assess the rationale of those guidelines, and then confirm compliance through the review of clinical records. ▲

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■ = education ■ = outreach

April

Triangle Times published
17-19 UCAOA National Urgent Care Convention (exhibit)
27 webinar: Changes to AAAHC Standards for 2016

May

Connection published
18 Early bird registration for Achieving Accreditation ends
webinar: New AAAHC Standards for Behavioral Health
19-22 ASCA 2016 (pre-conference workshop and exhibit)

June

1-3 ACHA 2016 Annual Meeting (pre-conference workshop & exhibit)
9-11 Becker's Ortho, Spine, and Pain Management conference (speaker & exhibit)
10-11 *Achieving Accreditation* (San Diego)

Meet the AAAHC Staff

VINAY SHAH
ACCOUNTANT

Despite the high-touch nature of our company and the strong relationships built among AAAHC staff, surveyors and customers, there are areas of AAAHC that operate behind the scenes and include great team members who are little known outside of our headquarters office.

One such department is finance and office services. These are the people who form the operational center that allows us to serve our mission. The entire AAAHC office is a virtual United Nations with multiple nationalities represented across the staff and many proud naturalized U.S. citizens. But no area is more diverse than finance and office services. The seven team members hail from Belarus, Hong Kong, India, Kazakhstan, Mexico, the Philippines, and Puerto Rico. For now, meet Vinay Shah.

Vinay, in addition to managing payroll for surveyors and staff, handles billing for AAAHC government contracts and provides general accounting support. Prior to joining AAAHC in 2014, he had spent 14 years as comptroller for a manufacturing company.

"I'm happy to be here," he said, "AAAHC is a friendly, low-key work environment. The work I do here is familiar, even though healthcare is a new industry for me to learn. And I like that it's a growing company. It supports good quality of life."

Vinay grew up through his college years in Ahmedabad, a city that has evolved from its 11th century founding as the kingdom of Karnavati to become the present-day commercial hub of the Indian state of Gujarat

""AAAHC is a friendly, low-key work environment. The work I do here is familiar, even though healthcare is a new industry for me to learn. And I like that it's a growing company. It supports good quality of life. "

He left India in 1984 as a degreed accountant to join his older brother who was working as an electrical engineer in Dallas, Texas. After a few years and some additional coursework at the University of Texas at Arlington, Vinay decided that the U.S. was a good place to live and raise a family, but that India was the place to find a wife to share that life with him.

Family involvement in facilitating marriage remains a strong tradition in India. There was a woman from Mumbai that Vinay knew. She had a cousin that she had visited from time to time in Ahmedabad and that cousin was a friend of Vinay's, so they had met on several occasions before Vinay left for the U.S.

Now that Vinay was interested in marrying, his family in India reached out to make contact with hers. Over the course of a 5-week trip to India that Vinay made in 1986, they were re-acquainted, engaged, and married. They returned together to Texas and relocated to Chicago two years later where they have lived and raised their family for the past 28 years.

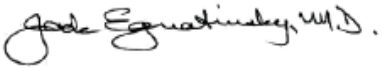
Although AAAHC represents a new industry for Vinay, he now shares the field with his son, a hospital-based kinesthesiologist and daughter, a nursing student. ▲

A message from the Medical Director, *continued from page 2*

should be a review of the corporate impairment polices and the employee's individual responsibilities under those policies. Periodic performance appraisals must take into consideration current behavior and actions.

Impaired performance or unusual behavior does not always mean drug abuse or dependence, but if it occurs, whatever the cause, close follow-up observation is vital and active investigation of the performance or behavior problems should be pursued if the observations suggest this. Don't ignore signs; early intervention can help prevent problems from becoming serious.

In this day and age of work place stress, ready availability of pharmaceuticals, and people tending to not want to get involved, you should keep your staff informed beyond the training they get on initial orientation as new employees. Impaired providers are good people going through difficult times. Helping them will help you and your patients.



Jack Egnatinsky, MD

News

LEGISLATIVE

The Office of Health Care Quality (OHCQ), **Maryland** Department of Health and Mental Hygiene, has recognized AAAHC, for collaboration on external review of quality for health maintenance organizations (HMO) pursuant to Maryland Health General Code Ann. § 19-705.1(f) and to be deemed an accreditation organization for health maintenance organizations under Maryland Health General Code Ann. §19-2302.

AAAHC has been approved as an accreditation program for health plans from the **New Mexico** Office of the Superintendent of Insurance.

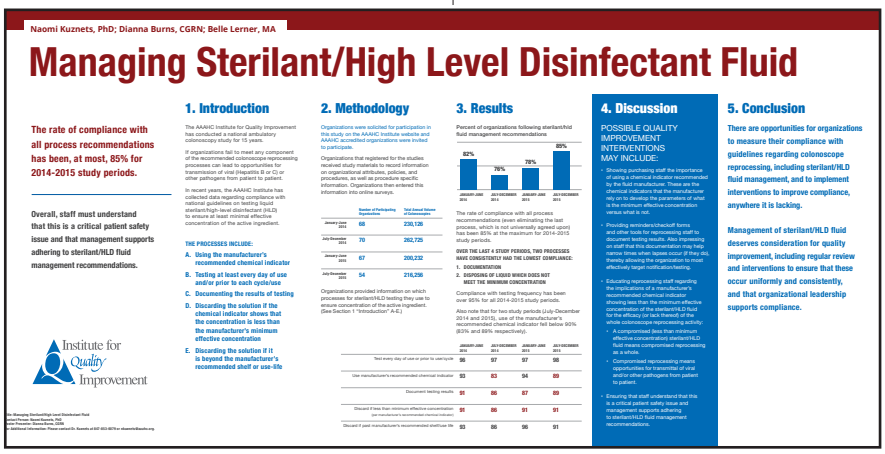
Institute for Quality Improvement

COLONOSCOPY RESEARCH PRESENTATION

The AAAHC Institute will be presenting research from its semi-annual colonoscopy benchmarking study , Managing Sterilant/High Disinfection Level Fluid, at the SGNA 43rd Annual Course, May 20-24, Seattle, WA.

PATIENT SAFETY TOOLKIT UPDATE

An updated version of the first patient safety toolkit released by the Institute, *Ambulatory Surgery and Obstructive Sleep Apnea*, is now available. The new edition includes a more robust set of STOP-BANG criteria and an updated bibliography. The toolkit is available to order at www.aaahc.org/institute.


Naomi Kuznets, PhD; Dianna Burns, CGRN; Belle Lerner, MA

Managing Sterilant/High Level Disinfectant Fluid

The rate of compliance with all process recommendations has been, at most, 85% for 2014-2015 study periods.

Overall, staff must understand that this is a critical patient safety issue and that management supports adhering to sterilant/HLD fluid management recommendations.

Institute for Quality Improvement

1. Introduction

The AAAHC Institute for Quality Improvement has conducted a national ambulatory colonoscopy study for 15 years.

If organizations fail to meet any component of the recommended colonoscope reprocessing processes can lead to opportunities for transmission of viral (Hepatitis B or C) or other pathogens from patient to patient.

In recent years, the AAAHC Institute has collected data regarding compliance with national guidelines on testing liquid sterilant/high-level disinfectant (HLD) to ensure at least minimal effective concentration of the active ingredient.

THE PROCESSES INCLUDE:

A. Using the manufacturer's recommended chemical indicator
B. Testing at least every day of use and/or prior to each cycle/use
C. Documenting the results of testing
D. Discarding the solution if the chemical indicator shows that the concentration is less than the manufacturer's minimum effective concentration
E. Discarding the solution if it is beyond the manufacturer's recommended shelf or use-life

2. Methodology

Organizations were solicited for participation in this study on the AAAHC Institute website and AAAHC accredited organizations were invited to participate.

Organizations that registered for the studies received study materials to record information on organizational attributes, policies, and procedures, as well as procedure specific information. Organizations then entered this information into online surveys.

	Number of Participating Organizations	Total Annual Volume of Colonoscopies
January-June 2013	68	230,126
July-December 2013	70	262,725
January-June 2014	67	200,232
July-December 2014	54	216,296

Organizations provided information on which processes for sterilant/HLD testing they use to ensure concentration of the active ingredient. (See Section 1 "Introduction" A-E.)

3. Results

Percent of organizations following sterilant/hld fluid management recommendations

The rate of compliance with all process recommendations (even eliminating the last process, which is not universally agreed upon) has been 85% at the maximum for 2014-2015 study periods.

OVER THE LAST 4 STUDY PERIODS, TWO PROCESSES HAVE CONSISTENTLY HAD THE LOWEST COMPLIANCE:

1. DOCUMENTATION
2. DISPOSING OF LIQUID WHICH DOES NOT MEET THE MINIMUM CONCENTRATION

Compliance with testing frequency has been over 95% for all 2014-2015 study periods.

Also note that for two study periods (July-December 2014 and 2015), use of the manufacturer's recommended chemical indicator fell below 90% (83% and 89% respectively).

	JANUARY-JUNE 2013	JULY-DECEMBER 2013	JANUARY-JUNE 2014	JULY-DECEMBER 2014
Test every day of use or prior to use/cycle	96	97	97	98
Use manufacturer's recommended chemical indicator	93	83	94	89
Document testing results	91	86	87	89
Discard if less than minimum effective concentration (per manufacturer's recommended indicator)	91	86	91	91
Discard if past manufacturer's recommended shelf/use life	93	86	96	91

4. Discussion

POSSIBLE QUALITY IMPROVEMENT INTERVENTIONS MAY INCLUDE:

- Showing purchasing staff the importance of using a chemical indicator recommended by the fluid manufacturer. These are the chemical indicators that the manufacturer rely on to develop the parameters of what is the minimum effective concentration versus what is not.
- Providing reminders/shelf tems and other tools for reprocessing staff to document testing results. Also impressing on staff that this documentation may help narrow times when lapses occur if they did, thereby allowing the organization to most effectively target notification/testing.
- Educating reprocessing staff regarding the implications of a manufacturer's chemical indicator not changing color, showing less than the minimum effective concentration of the sterilant/HLD fluid for the efficacy (or lack thereof) of the whole colonoscope reprocessing activity:
  - A compromised (less than minimum effective concentration) sterilant/HLD fluid means compromised reprocessing as a whole.
  - Compromised reprocessing means opportunities for transmittal of viral and/or other pathogens from patient to patient.
- Ensuring that staff understand that this is a critical patient safety issue and management supports adhering to sterilant/HLD fluid management recommendations.

5. Conclusion

There are opportunities for organizations to measure their compliance with guidelines regarding colonoscope reprocessing, including sterilant/HLD fluid management, and to implement interventions to improve compliance, anywhere it is lacking.

Management of sterilant/HLD fluid deserves consideration for quality improvement, including regular review and interventions to ensure that these occur uniformly and consistently, and that organizational leadership supports compliance.

Welcome to our newly accredited organizations

Congratulations to the 40 new organizations accredited between January 1 and March 31, 2016.

ALASKA
Alaska Spine Institute Surgery Center, LLC

ALABAMA
Eastern Shore Cosmetic Surgery

ARIZONA
Scottsdale Surgical Partners, LLC

Union Hills Pain Partners, LLC

CALIFORNIA
Advanced Multispecialty Surgery Center, LLC

Bakersfield Specialists Surgical Center, LLC

Hope Surgery Center, Inc.

Natraj Surgery Center, Inc.

Nivano Ambulatory Surgery Center, LP

Rashedi DMD, PC

Roxbury Institute Surgical Center, LLC

Vatche Cabayan Medical Corporation

Ventura ASC, LLC

COLORADO
Arapahoe Surgicenter, LLC

Park Ridge Surgery Center, LLC

FLORIDA
Alliance Spine & Joint I, Inc.

Alliance Spine & Joint II, Inc.

Aventura Open MRI, Inc.

New Image Cosmetic Surgery Center, Inc.

Newsom Surgery Center of Sebring, LLC

Villages Regional Hospital Surgery Center, LLC

GEORGIA
Glennville Eye Surgery Center, LLC

Gwinnett Advanced Surgery Center

Valdosta Foot and Ankle Surgery Center

IDAHO
Kovac Foot Surgery Center, PLLC

Post Falls ASC, LLC

INDIANA
Chegar Facial Plastic Surgery

LOUISIANA
Northshore Plastic Surgery Center LLC

MASSACHUSETTS
USA Vascular of Boston, PLLC

MARYLAND
Frederick Foot & Ankle ASC, LLC

MISSOURI
KC Pain ASC, LLC

North Campus Surgery Center, LLC

North Point Surgery Center, LLC

NEW JERSEY
Ambulatory Surgery Center at Old Bridge, LLC

Surgery Center of Cliffside, LLC

NEW YORK
Springfield Medical Aesthetic, PC

OHIO
Midwest Surgical Center, LLC

OKLAHOMA
Advanced Outpatient Surgery of Oklahoma, LLC

OREGON
Futures Outpatient Surgical Center

Westside Surgery Center, LLC

TEXAS
Physicians West Houston Surgical Center, LLC

Select Ambulatory Surgery Center of Ft. Worth, LLC

West Texas Oral Facial Surgery, PLLC

UTAH
Spring Creek Surgical Center

WASHINGTON
Cascade ENT Surgery Center

Eye Care Specialists, PS

Minor & James Medical, PLLC

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Did you know?

LAB ACCREDITATION

The new relationship between AAAHC and HFAP means that we can now offer an integrated survey event for organizations with on-site labs. For example, dermatological surgery or GI centers doing their own pathology that need CMS approval for billing can seek a bundled program. Contact Ray Grundman (rgrundman@aaahc.org) for more information.

NEW BEHAVIORAL HEALTH STANDARDS

New Standards for Chapter 17 have been released and will become effective for surveys starting July 1, 2016. The new Chapter is available for review at www.aaahc.org.

UPCOMING EVENTS

Picturing Excellence, Achieving Accreditation, comes to San Diego June 10-11. Register now at www.aaahc.org/education

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