

triangletimes

Volume 3 | Issue 4 | Fall 2016

The Alchemy of Accreditation: Seeking Gold

Throughout this year, AAAHC has been engaged in a process of continuous improvement that changes ideas into reality.

Beginning with the Standards and our accreditation process, our aim is to transform a familiar approach into a golden experience that adds value for each individual organization that chooses us as its partner for accreditation.

ONE PART ACCREDITATION SERVICES REDUX

We know that no matter how many accreditation cycles an organization has experienced, an upcoming survey brings a heightened sense of awareness to *how* you do *what* you do. This is as it should be. But we also know that as you review your policies and processes, you may wonder about the intent of a Standard or what would demonstrate compliance, and a quick phone call or e-mail should provide an answer. Since we've heard that this is not always the case, we're focusing on improving our accessibility.

Early this year, the Accreditation Services department launched a customer service initiative using primary care organizations as the pilot. The initiative assigned an accreditation team to primary care organizations as account contacts. This means that whether your question is about the application, about a Standard, about adding of a new service, or about a survey report, the call will be routed to a single point of contact. If he or she is not available, another member of the team can step in immediately to meet your



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Surveyor Spotlight



JEFFREY MOSES, MD

When Dr. Jeffrey Moses is not surveying for AAAHC or raising funds to support his philanthropic foundation, Smiles International, he and his wife, Maribel, might be found scuba diving or hiking the spine of the California Sierra Mountains along the John Muir Trail.

“Every year I have to devote at least one month to backpacking. Recently Maribel and I did a 500-mile hike which began in the French Pyrenes and ended in Spain. It was a great experience, very spiritual. I highly recommend it!”

A SERENDIPITOUS MEETING

Ten years ago, Dr. Moses was at a medical conference in Costa Rica. During the course of the evening, he was introduced to a member of the AAAHC staff. Once Dr. Moses shared his range of clinical experiences, including oral maxillofacial surgery, pain management, and anesthesiology, he was asked, “Why aren’t you surveying for us?” That led to Dr. Moses’s training as a surveyor for AAAHC.

SHARING EXCELLENCE

As a surveyor, Dr. Moses travels throughout the U.S., visiting a variety of organizations, from surgery centers to dental offices to student health centers. He appreciates the broad spectrum of medical settings that surveying for the AAAHC offers and characterizes his approach as consultative with a focus on improving quality of care.

“Through my experiences surveying for AAAHC, I have seen the drive toward excellence that AAAHC encourages, and I want to pass that along to the facilities I visit. I enjoy surveying for AAAHC

because the approach focuses on quality improvement and correction of deficiencies rather than punishment.

“For example, an organization may be missing the mark in one Standard or another,” Dr. Moses says, “or an issue may surface that reveals that the staff is missing the intention of the Standard. These cases are opportunities to guide the organization by explaining the deficiency as it applies to a specific Standard.

“Best case scenario: the deficiency is corrected before I leave.

“I’ve seen that AAAHC consistently provides consultation on corrective measures and demonstrates flexibility and problem solving rather than rigidity.”

SMILES INTERNATIONAL

Dr. Jeffrey and Maribel Moses established the non-profit Smiles International Foundation in 2005. However their involvement in this philanthropic pursuit goes back to 1987 when Smiles International was created under the umbrella of another organization Dr. Moses had founded, Pacific Clinical Research Foundation, which provided research and education on his advanced craniomaxillofacial surgical techniques. The money generated from PCF symposiums and consultations was used to fund charitable clinics in Central and South America which performed needed

pediatric surgeries. Initially, Dr. Moses did many of these surgeries himself; however, he realized a team of surgeons was necessary in order to meet the demand. Subsequently, Dr. Moses began working with Rotary International to raise funds for startup clinics and the equipment and resources necessary to support the facilities, and, eventually, to set up the non-profit foundation, Smiles International.

Over the years, the Foundation has made a difference in the lives of thousands of children across the globe in places like Mexico, India, Ukraine, and Africa, to name a few. Using a team of surgeons the foundation treats children with craniomaxillofacial deformities, such as cleft lips and palates, who otherwise would not have had access to this type of care.

Dr. Moses recognizes that his AAAHC surveying experience has value for the charitable facilities Smiles International starts and funds. “Improvement in quality care,” he stresses, “leads to more clientele, medical tourism, and the ability to be self-sustaining.”

The goal he envisions for any of the facilities he supports through the Foundation is that it becomes self-sufficient. “Some of my proudest moments are when I learn that a facility I helped set up through the mission has become AAAHC accredited.” ▲

Jeffrey and Maribel Moses on the John Muir Trail overlooking Cathedral Lake near the Yosemite Valley.



The Alchemy of Accreditation: Seeking Gold, *continued from page 1*

needs. Over time, you'll get to know your accreditation services account manager, and he or she will get to know you and your organization.

The implementation challenge is cross-training staff who previously specialized in one aspect of the accreditation process (applications, pre-survey activities, survey reports, or post-survey activities) to develop end-to-end expertise.

By year's end, we hope to have sufficient feedback from the customers and staff involved in the pilot to move this model forward for additional types of settings, beginning with a team to serve organizations seeking a Medicare Early Option Survey.

Illuminating Quality Improvement is...
an easy point of entry to...an action-oriented QI program and meaningful QI studies.

A GENEROUS HELPING OF USEFUL TOOLS

Providing relevant, user-friendly resources is one way we seek to add value for “our” organizations. The AAAHC Institute for Quality Improvement contributes to this, in part, by developing Patient Safety Toolkits to address topics in ambulatory surgery and/or primary care. In 2016, the Institute updated two previously released tools: *Ambulatory Surgery and Obstructive Sleep Apnea* and *Ambulatory Surgery and Surgical/Procedural Checklists* in addition to launching three new tools: *Ambulatory Surgery and Preoperative Evaluation*, *Safe Injection Practices* and *Allergy Documentation* (the latter both applicable to all settings).

Illuminating Quality Improvement is another recent release. It was designed to provide an easy point of entry to the development of an action-oriented QI program and meaningful QI studies. We find from survey data that many organizations struggle with one or more of the 10 elements of a QI study. This publication provides a series of highly visual worksheets to guide reviewing data, using benchmarks to establish goals, and documenting improvement in alignment with AAAHC Standards. Piloted and then adopted for use in facilitator-led breakout sessions at *Achieving Accreditation* seminars, a self-study guide has been added to give additional support to new users.

STIR IN SURVEYOR EXCELLENCE

AAAHC surveyors are the key to our accreditation process. Throughout our 37 year history, the use of volunteer surveyors has been foundational. From among the many health care professionals who would like to be trained to perform AAAHC surveys, we periodically select a limited number based on how their practice expertise aligns with

Had your lightbulb moment yet?

If not, don't stay in the dark! *Illuminating Quality Improvement* is now available with a self-study guide for new users.

Order your copy at:
www.aaahc.org/publications



the settings of our organizations and our belief in their ability to provide valuable consultative input to organizations. We do this to provide the best possible on-site resource—a knowledgeable, approachable surveyor who knows the Standards and the range of acceptable approaches to meeting them in a particular setting.

TRANSFORMATION HAPPENS

Transformation is a sign of vitality. As the sciences of health care grow in complexity, technology in the patient relationship has grown from a “nice-to-have” EHR to on-line appointments, patient portals for test results, provider messaging apps, and laptops in exam rooms so that health histories can be entered in real time. Nonetheless, the ideal health care provider (or provider team) seeks the best possible experience and outcome for patients, one individual at a time.

Our staff and surveyors conduct an evaluation against the relevant Standards, but we also bring teaching and consultative skills to bear when on site.

This means that so-called “soft skills”—connecting diverse ideas, active listening, cultural sensitivity, and emotional intelligence—remain at the core of excellent patient care. It's a matter of combining the best clinical evidence with an ability to understand the preferences, values, and needs of an individual patient that makes for a great patient experience.

It's also the essence of a great accreditation experience. While we continue to look at enhanced technology solutions to support the accreditation process, the people-side of what we do remains an important distinction in the AAAHC approach.

We look at each organization as a unique patient care environment. By offering an array of tools and processes, AAAHC provides ingredients that each can use to grow and flourish. Finding the gold is not magic. It is created through perseverance, commitment, and the right measure of guidance and support. ▲

Standard Bearer: 2.II.D Privileging

Credentialing and privileging are separate but related processes.

Credentialing is the process of confirming through official documentation that an individual holds the necessary academic and current professional qualifications that he/she claims and that his/her position requires. **Privileging** determines the specific clinical procedures and treatments that a provider may perform within a specific organization. Like a driver's license, privileges include an expiration date and require renewal.

Standard 2.II.D consistently appears as a frequently-cited deficiency across all types of organizations in the annual AAAHC/AAAH Institute *Quality Roadmap*. Credentialing and privileging, quality of care, and risk management in a health care organization are all closely linked. The privileging process should be designed to ensure alignment between a provider's qualifications, experience, and current competence, and the services being rendered.

THE STANDARD

2.II.D *Privileges to carry out specified procedures are granted by the organization to the health care professional to practice for a specified period of time. The health care professional must be legally and professionally qualified for the privileges granted. These privileges are granted based on an applicant's written request for privileges, qualifications within the services provided by the organization, and recommendations from qualified medical or dental personnel.*

INTENT OF THE STANDARD

Standard 2.II.D is intended to ensure that all services offered by an organization are provided by

health care professionals identified by the governing body as qualified to provide them. The governing body is expected to reassess services provided by the organization at regular intervals and privileges are granted for a specific period of time. This results in intentional opportunities for the governing body to review the qualifications required for providing those services and to determine if the continuation of an individual's privileges is appropriate.

Physicians, dentists, and other providers are privileged according to medical staff by-laws, rules/regulations, and policies established by the organization's governing body.

Risk management and patient safety are at the heart of this Standard.

COMMON ERRORS

Surveyors must offer comments for any Standard that they are rating partially- or non-compliant (PC or NC). For Standard 2.II.D, frequent notations include:

- Missing privileges for administration of anesthesia and/or supervision of others who administer anesthesia
- Missing privileges for specific technologies, procedures or activities, such as lasers, ultrasound, admitting patient to overnight care, interpretation of diagnostic images or for procedures for which the organization requires a consent
- "Core privileges" referenced without available documentation of what is included in the core
- Failure to re-privilege along with re-appointment
- Privileges granted for procedures not provided by the organization
- The Medical Director's privileges were not reviewed by another provider.

HINTS FOR MEETING THE STANDARD

DON'T rely on another organization's credentialing and privileging for your providers. Each organization's governing body must adopt an independent process for credentialing and privileging.

DO privilege providers ONLY for services and procedures approved by the governing body.

DO review and edit privileging forms to reflect changes in services or specific equipment, adding new items and removing those no longer offered.

DO document the specific time period for which privileges are granted.

DON'T forget to include privileges for supervision of others.

DO include the results of peer review in considering re-appointment. ▲



*Ed. Note:

In the Summer 2016 issue, Standard Bearer addressed Standard 2.I.D. This is the identifier from the 2016 editions of the *Accreditation Handbook for Ambulatory Health Care* and the *Accreditation Handbook for Office-Based Surgery*. In the *Accreditation Handbook for Medicare Deemed Status Surveys*, this Standard appears at 2.I.M. Our apologies for any confusion this may have caused.

IT'S NOT TOO LATE – WEBINARS ON-DEMAND.

If you missed the live presentation of our 2016 webinars, you can register for replays at:

<http://www.aaahc.org/en/education/Webinars/Past-Webinars-x/>

Available recorded presentations include:

- Informed consent: Are you doing it right?
- Accreditation documentation requirements
- Creating an 'Aha' moment in quality improvement
- Building a robust credentialing, privileging, and peer review process
- New Life Safety Code requirements for ASCs: Are you ready?

All webinars come with a pdf handout of the slide presentation, and many also include additional supporting materials.

APIC WORKSHOP AT ACHIEVING ACCREDITATION

Don't gamble with infection risk. Come a day early to our December Achieving Accreditation program to participate in the APIC workshop, *Risk Assessment for Infection Prevention and Control*. The half-day session, presented by Marcia Patrick, RN, CIC who has over 30 years' experience with infection control, will be lively and you'll leave with an action plan and tools you can put to immediate use in your facility.

Plus, you can earn additional CNE credits.

Achieving Accreditation: **Picturing Excellence** takes place in Las Vegas, NV, December 2-3.

Register at www.aaahc.org/education



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■ = education ■ = outreach

October

- 5-7** IP for ASCs (Excellentia Advisory Group) Las Vegas (speaker & exhibit)
- 19** webinar: Accreditation Documentation Requirements (go to <http://www.aaahc.org/en/education/Webinars/> to register for webinar replays)
- 27-29** Becker's ASC Conference (Chicago) (speaker & exhibit)
- 30-Nov 2** Medical Group Management Association (MGMA) San Francisco

November

- Triangle Times* published
- Connection* published
- 2** webinar: Informed Consent: Are You Doing It Right? (go to <http://www.aaahc.org/en/education/Webinars/> to register for webinar replays)
- 7** *Achieving Accreditation* early bird registration closes
- 17-18** Washington Ambulatory Surgery Center Association (WASCA) Tulalip, WA (exhibit)
- 29-Dec. 2** The Society of Federal Health Professionals (AMSUS) National Harbor, MD (exhibit)

December

- 2-3** *Achieving Accreditation* (Las Vegas)

AAAHC Institute News



PATIENT SAFETY TOOLKITS OFFER NEW TOPICS, REVISED RESOURCES

Two new toolkits applicable to all health care settings recently have been released by the AAAHC Institute.

Safe Injection Practices provides a series of prompts to risk-assess injection practices, develop a training plan for on-going education, and review the appropriate use of single-dose and multi-dose vials and pre-filled syringes.

Our commitment to this topic is tied to our partnership in the Safe Injection Practices Coalition, which, with the CDC, co-founded the *One and Only Campaign*®, dedicated to promoting safe injection practices.

Studies conducted across various settings have found some disturbing trends, including:

- 15% of providers surveyed use the same syringe to re-enter a multi-dose vial numerous times.
- 9% of those surveyed sometimes or always use a common bag or bottle of IV solution for multiple patients.

The new toolkit provides an overview of the principles to which all provider organizations should adhere and aligns with AAAHC Standards for Infection Prevention and Control and Safety (accreditation handbooks, Chapter 7).

Allergy Documentation addresses a high-frequency deficiency identified by AAAHC surveyors when reviewing clinical records. The toolkit highlights some comorbidities associated with drug and latex allergy and focuses on lapses associated with missing or incomplete documentation of these and other sensitivities and the resulting reactions.

In addition, a newly updated version of *Surgical/Procedural Checklists* has been released.

Find the complete list of available Patient Safety Toolkits here: <http://www.aaahc.org/institute/Patient-Safety-Toolkits1/>

REGISTRATION CLOSING SOON FOR 2016 BENCHMARKING STUDIES

The July-December study period will be closing soon. Most accredited organizations are eligible to participate in one six-month benchmarking study free of charge during each three-year term of accreditation. After that, AAAHC-accredited facilities participate

at a discount. (Check your most recent decision letter for a code, or contact Michelle Chappell at 847.324.7747 if you are unsure about your status.)

Studies that remain open include:

- Cataract Extraction with Lens Insertion
- Colonoscopy
- EGD
- Knee Arthroscopy with Meniscectomy
- Pain Management - Low Back Injection
- Primary/Specialty Non-Surgical Care
- Shoulder Arthroscopy
- Topics in Surgical/Procedural Services including:
 - Blepharoplasty
 - Cystoscopy
 - Rhinoplasty
 - Septoplasty
 - Skin/Subcutaneous Skin Excision

Participants receive the full report at the conclusion of each study period. These reports are also available for purchase at www.aaahc.org/publications. ▲

The image displays the 'Patient Safety Toolkit: Safe Injection Practices (SIP)' flowchart and a 3D rendering of the toolkit cover. The flowchart is divided into two main sections: '2. DEVELOP A TRAINING PLAN TO ADDRESS SIP DEFICIENCIES' and 'SINGLE-DOSE/MULTI-DOSE VIALS AND PRE-FILLED SYRINGES'. The first section includes steps for 'PRACTICE Aseptic Technique', 'CHECK Syringe/Medication Preparation', and 'READ Medication Container', each with decision points and 'PROVIDE ADDITIONAL TRAINING' prompts. The second section details steps for 'DISINFECT', 'WITHDRAW', 'DISCARD', 'LABEL THE VAL', 'LABEL THE SYRINGE', 'ADMINISTER', and 'DISCARD' for both single-dose and multi-dose vials. A 3D rendering of the toolkit cover is shown on the right, featuring the AAAHC logo and the title 'Patient Safety Toolkit: Safe Injection Practices'. The cover also lists contact information for the AAAHC Institute for Quality Improvement.

Meet the AAAHC Staff



ANDREW RESOL
Assistant Report Coordinator

When Andrew Resol interviewed for the job of assistant report coordinator one of the questions asked was “are you ready to step away from the clinical side of working with patients?” To say the least, Andrew has significant clinical and outpatient experience. For six years he worked as a CNA at Loretto Hospital on Chicago’s west side, coordinating efforts to develop communication standards between hospital staff and patients and maintaining physical environment within the ER and the psychiatric, intensive care, and OR areas. Although his primary function was to provide hands-on patient-centric care, he often acted as a first responder for the hospital’s “code team.” Twice he used his CPR skills to revive patients during a Code Blue (cardiac arrest). He also was employed as a field coordinator for a home health company, ensuring that a patient’s plan of care was effectively implemented. He holds a Bachelor of Arts in Applied Health Systems and a Master’s in Management with a concentration in Health Care Administration.

“Making an impact in patient care has been an important issue in my education and central to my professional work experience.”

He recognizes the importance of quality of life for patients and values the use of education to create a healing environment, that pulls together family, patients, doctors, and clinical staff to facilitate recovery.

A MATTER OF PERSPECTIVE

When Andrew accepted the position

with AAAHC, he understood that his role would be viewing patient care from an altogether different perspective. As he sees it, the primary functions of his role within Accreditation Services are assessing the accuracy of reports and providing a recommendation for the accreditation term. In order to do this, he must analyze the surveyor’s findings and compare them to the information submitted by the organization.

“Patients are always to be held in the highest regard and must receive the care they need. That has been and is my goal and I see that as the defining purpose of the AAAHC Standards and the accreditation process as a whole.”

“I am looking for consistency of thoughts since the surveyor and organization represent different perspectives. Also various institutions interpret the Standards differently. I make decisions based on the data presented and, most importantly, when all is said and done, an assessment of whether the goal of providing patients with a safe environment is being met.

“Patients are always to be held in the highest regard and must receive the care they need. That has been and is my goal and I see that as the defining purpose of the AAAHC Standards and the accreditation process as a whole.”

THE ART OF GIVING BACK

Andrew was born and raised and has lived in the Chicago area all of his life. “I cannot see myself leaving Chicago,” he said. In his spare time, Andrew likes to be outdoors: hiking, fishing and biking.

The only time he looks forward to leaving the Windy City is in the winter months when he travels to Wisconsin and Michigan for the snowboarding. “Illinois is too flat, too many cornfields, so I have to go up to Michigan for longer runs and steeper slopes.”

Another one of his hobbies is painting, and he characterizes his style as wildlife meets pop art. While he acknowledges the personal, therapeutic benefits of art, he also donates his artistic talents to charity events which raise money for educational purposes, for example, “Saturday Place,” an enrichment program founded by retired Chicago Bears wide receiver, Rashied Davis, and his wife, Dianna. The charity benefits elementary students in the Chicago metropolitan area, providing children with the resources to support their learning in several subjects: reading, writing, math, social studies, and science. He hopes to inspire kids to unearth their creative potential.

“I feel that non-for-profit programs like this are providing invaluable benefits to the community, and they offer another way to give back, to help people enrich their lives.”

A RESOUNDING “YES”

Andrew is grateful for the opportunity offered to him through his role in Accreditation Services and envisions a future in which his impact on the AAAHC mission of excellence in health care grows and develops.

Going back to the question he was asked at his job interview, Andrew answered that with a resounding affirmation. “If I can have a greater impact in helping patients and rather than helping hundreds, I can help thousands and even millions of patients have the kind of care they deserve, then yes! Absolutely yes!”

And, yes, we here at AAAHC are certainly happy to have him as a colleague and partner in meeting our mission. ▲

Welcome to our newly accredited organizations

Congratulations to the 64 new organizations accredited by AAAHC between July 1 and September 30, 2016.

ALABAMA Petro Facial Plastic Surgery and Medspa	University of California, Merced Student Health Center	VEESC, Inc.	MISSISSIPPI Gastrointestinal Associates Endoscopy Center, LLC	New York Medicine Interventions, PLLC	St. Raphael's Surgery Center, LLC
CALIFORNIA Alamo Surgery Center	Women's Health Surgical Center, Inc.	GEORGIA Professional Eye Surgery Center	Mississippi Urology Outpatient Surgery Center, LLC	Queens Boulevard ASC, LLC	The Pines Surgical Center
Avalon Surgery and Robotic Center, LLC	CONNECTICUT Stamford ASC, LLC	Southeastern Interventional Pains ASC, LLC	NORTH CAROLINA Premier Surgery Center, LLC	South Shore Surgery Center, LLC	University of Texas Rio Grande Valley
Diablo Dialysis Access Center, Inc.	DISTRICT OF COLUMBIA Foreign Service Benefit Plan	IDAHO River City Surgical Center, LLC	Providence Plastic Surgery Center	OHIO Capital City Cosmetic Surgery	Watermere Surgery Center, LLC
Gateway Surgery Center, LLC.	FLORIDA Brevard Surgery Center, Inc.	KENTUCKY Owensboro Health Ambulatory Surgery Center Muhlenberg	NEW JERSEY St. Mary's Ambulatory Surgery Center	Kuy Plastic Surgery, Inc.	VIRGINIA Fairfax Vascular Center
MACT Health Board, Inc.	Citrus Surgery Center	MARYLAND Kirurgs, LLC	NEW MEXICO El Centro Family Health	OREGON Cedar Hills Ambulatory Surgery Center, LLC	National Association of Letter Carriers Health Benefit Plan
MEE Ambulatory Surgery Center, Inc.	Dade County Dental Research Clinic	Special Agents Mutual Benefit Association	NEVADA Southwest Medical Associates, Inc.	PENNSYLVANIA South Hills Surgery Center, LLC	VIRGIN ISLANDS Hyperbaric Medicine Group, Inc.
Orange ASC, LLC	Global Microsurgical Center, LLC	MICHIGAN Michigan Cosmetic Surgery, PLC	NEW YORK Endoscopy Center of Queens, Inc.	Valley Forge Endoscopy Associates, LLC	WASHINGTON First Hill Surgery Center, LLC
Orthopaedic Institute for Children Ambulatory Surgery Center, LLC	Saltzman, Tanis, Pittell, Levin & Jacobson, Inc.	Royal Oak Surgical Center, LLC	Great Lakes Physicians, PC	SOUTH CAROLINA Southern Surgical Group, LLC	Medical Scanning Consultants, PA
Santa Monica Laser and Cosmetic Surgery Center, Inc.	Trinity Ambulatory Surgical Center, LLC	Surgical Center of Southfield, LLC		TEXAS Crosspoint Surgical Center, LLC	Precht Enterprises, PLLC
Serrano Surgery Center, Inc.	Trinity Cardiac Cath Lab, LLC			Houston Surgery Center	Southwest Washington Regional Surgery Center
Stitch, LLC					

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AAAHC Institute News

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