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Making Alphabet Soup

AAAHC & AAHHS welcome HFAP!

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

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

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



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Leadership Message from the President & CEO

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

Creating those resources, even just identifying what will be most relevant and impactful for our clients, takes a dedicated cohort of staff members. Our accreditation programs address a full range of ambulatory settings—everything from a community health center with a patient-centered medical home to a multi-specialty ASC to a network of employer-based clinics—

and now, through the launch of our hospital program (AAHHS) and the acquisition of the HFAP programs, we also accredit hospitals, labs, and certify disease management programs for stroke. That cohort has grown to become a community!

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

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



Martin

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

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

Stephen A. Martin, Jr., PhD, MPH

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■ = education ■ = outreach

January

- Connection published
- Triangle Times published
- 14-16 AASC Scientific Sessions (presentation and exhibit)
- 25-26 On-Site Employee Health Clinics conference (presentation and exhibit)

February

- 19 Handbook download codes distributed to accredited organizations
- 25 Early bird registration for *Achieving Accreditation* closes

March

- Connection published
- 1 2016 Accreditation Handbooks published
- 17 APIC/AAAHC pre-conference workshop: IPC Risk Assessment
- 18 NACHC-Policy & Issues Forum (exhibit)
- 18-19 *Achieving Accreditation* (Tampa)

Making Alphabet Soup, continued from page 1

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

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

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

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

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

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

Picturing Excellence: Achieving Accreditation 2016

What do the Standards look like in practice? In 2016, Achieving Accreditation will do more than tell you; our newly updated program is designed to show you. More interactivity, new tools to take home, and new elective sessions are being introduced this year. But this very popular face-to-face education program wasn't broken—attendees consistently praise the conference—so the content is all still there, just put together in a way to bring new energy and focus.



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

–2015 Achieving Accreditation attendee

NEW ELECTIVE SESSIONS:

How to prepare for your first AAAHC survey

Whether AAAHC accreditation is new to your organization, or just new to you, this is your chance to learn the nuts and bolts of the survey process: completing the application, preparing for the survey, finding resources available from AAAHC, and maximizing the benefits of your accreditation.

How to prepare for a reaccreditation survey

You've taken your organization through accreditation in the past, now take your preparation process to the next level. Review the top Standard deficiencies seen in organizations like yours, and learn how to use the results of your previous survey to your advantage.

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

Welcome to our newly accredited organizations

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

ARIZONA Arizona Surgical Specialists Center, LLC	FLORIDA Aker Kasten Eye Center	MISSOURI Mid Missouri Surgery Center, LLC	Summit Atlantic Surgery Center, LLC	NEW YORK East Tremont Medical Center	Parkside Surgery Center, LLC
CALIFORNIA West LA-Venice Surgery Center, Inc.	GEORGIA Digestive Care Endoscopy, LLC	HHC ASC, LLC	Same Day Procedures, LLC	Peter T. Simonson, MD, PLLC	Parkway Cosmetic Group PLLC
USA Vascular Centers of Los Angeles	Healthstat Inc.	NORTH CAROLINA CHS Reproductive Medicine and Infertility	Marco A Pelosi MD, PA	OHIO Colonoscopy and Endoscopy Center, LLC	WASHINGTON Whatcom County Pregnancy Clinic
Temecula CA United Surgery Center, LP	Gwinnett County Employee Wellness Center	NEVADA Spring Valley Surgery Center, LLC	Ambulatory Surgical Center of New Jersey, LLC	OREGON The Oregon Clinic Endoscopy Center East	Walla Walla Clinic Ambulatory Surgery Center
Park West Surgical Associates	ILLINOIS Bielinski Dermatology Group, LLC	NEW JERSEY Ambulatory Surgical Center at Basking Ridge	Maxillofacial Surgery Center for Excellence, LLC	TEXAS Center for Specialty Surgery of Austin, LP	Proliance Surgeons Inc., PS
	MASSACHUSETTS New England OB/GYN Assoc., Inc.				VIRGIN ISLANDS The Eye Clinic, LLC

AAAHC Institute News



KERSHNER AWARD

Each year, the AAAHC Institute recognizes examples of outstanding QI methodology and outcomes with the Bernard A. Kershner Award for Innovation in Quality Improvement. The award's eponym, Bernie Kershner, received his MPA in health care administration from Cornell University. The company he founded in Connecticut in 1973—Medico Corporation—was one of the first to establish a non-physician-owned free standing multi-specialty surgery center. He sat on the AAAHC Board from 1981 to 2001 and served as AAAHC President from 1995-1997. He was the founding Chair of the Board

of the AAAHC Institute for Quality Improvement serving from 1999 to 2010.

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

In recognition of his outstanding contributions to quality measurement and patient safety in ambulatory settings, the AAAHC Institute named its award for Bernard A. Kershner in 2004.

The latest winners were publicly



Left Picture: Teresa Conklin, APN, Family Nurse Practitioner, Seton Hall University Health Services, is pictured with the award for a primary care QI study.

Right Picture: Patti Glassey, BSN, RN, CAPA, clinical director at Turk's Head Surgery Center (right), with AAAHC Institute Board Chair, Jan Kleinhesselink, RN, BSHM, CPHQ.

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

Seton Hall University Health Services (South Orange, NJ) for a study on titled “Alcohol Screening and Brief Intervention.”

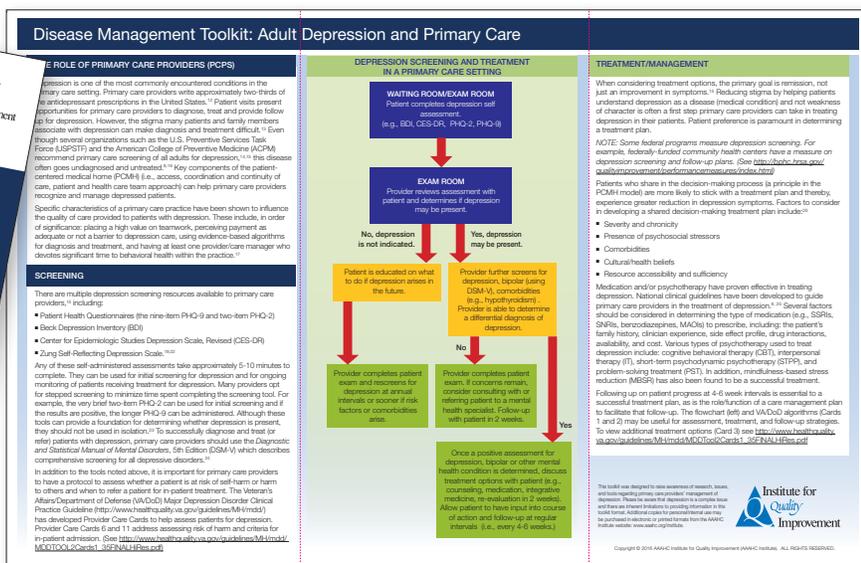
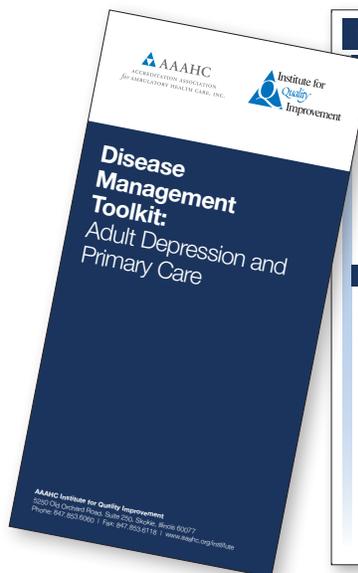
Turk's Head Surgery Center (West Chester, PA) for a Scopolamine Patch study. ▲

NEW DISEASE MANAGEMENT TOOLKIT: ADULT DEPRESSION IN PRIMARY CARE

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

AAAHC Institute was developed as a guide to resources for screening for depression in primary care settings.

The tool in print or electronic format can be purchased at www.aaaahc.org/institute/Patient-Safety-Toolkits. Triangle Times readers can receive a 50% discount (valid for any Patient Safety Toolkit) through March 31, 2016 by including the code **PST/TTIMES16** with their order. ▲



Surveyor Spotlight

SURVEYORS MAKING NEWS

Michael Dorsey, MD, Chief Medical Officer, Anesthesia Associates of Ann Arbor, was recently appointed as a trustee for the Saint Joseph Mercy Health System (SJMHS) in southeast Michigan. The system includes six hospitals licensed for 1,697 beds, six outpatient health centers, five urgent care facilities, and more than 25 specialty centers. It employs more than 14,000 individuals and has a medical staff of nearly 3,200 physicians. SJMHS has annual operating revenues of about \$1.9 billion and returns \$127 million to its communities annually through charity care and community benefit programs.

Steven A. Gunderson, DO, CEO/Medical Director of Rockford (IL) Ambulatory Surgery Center was recently appointed to the Editorial

Review Board of Same-Day Surgery as a Physician Reviewer.

Kris Kilgore, RN, administrative director at Grand Rapids (MI) Ophthalmology Surgical Care Center, published “AAAHC Assays Key Cataract Metrics,” in *Review of Ophthalmology*.

Scott Trimas, MD, FACS, Owner of Atlantic Surgery Center of Jacksonville Beach (FL), published “Use of Aprepitant and Factors Associated With Incidence of Postoperative Nausea and Vomiting in Patients Undergoing Facial Plastic Surgery,” in *JAMA Facial Plastic Surgery*, 2015;17(4): 251-255.

Among the “164 ASC Industry Leaders to Know” recently identified by Becker’s ASC Review were:

Meena Desai, MD, of Nova Anesthesia Professionals (PA). Dr. Desai serves as vice-chair of the AAAHC Board of

Directors and current co-chair of the AAAHC Standards and Survey Procedures Committee.

David Shapiro, MD, of Surgis, Inc. (FL) sits on the AAAHC Board of Directors, co-chairs the AAAHC Standards and Survey Procedures Committee, and serves on the Bylaws Committee. Dr. Shapiro also serves on the Board of the AAAHC Institute for Quality Improvement.

Arnaldo Valedon, MD, Chief Medical Officer of Westminster Surgery Center (MD), is the AAAHC Board Secretary and serves on the Accreditation Committee. Dr. Valedon also serves on the Board of Acreditas Global (formerly AAAHC, International).

Jay Yepuri, MD, of Central Park Endoscopy Center (TX) has been a surveyor since 2013. ▲

Standard Bearer: 7.I.B.4 Infection Prevention Risk Assessment

AAAHC has always taken the position that every organization must have a set of policies governing how it addresses infection prevention and control, and that those policies should be an accurate reflection of the organization’s scope of practice and operational environment. We’ve institutionalized this expectation with an update to Standard 7.I.B for the 2016 edition of the Accreditation Handbook.

THE STANDARD

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

INTENT OF THE STANDARD

Standard 7.I.B.4 does not require an

accreditable organization to address every single infection possibility but rather, to identify a realistic set of risks that it may face. This means that it’s up to each organization to perform an ongoing environmental scan, and look for evidence-based guidelines as a means to address the situations that reflect highest risk.

HINTS FOR MEETING THE STANDARD

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

- Auditing: Observation, Documentation Review
- Inspecting facilities, equipment, and processes including medication management practices
- Reviewing existing policies and procedures

- Reviewing outside service contracts and fulfillment of obligations
- Reviewing regulatory compliance and standards of care



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

On March 23, AAAHC is offering a webinar presented by Marcia Patrick, RN, MSN, CIC: How to conduct a risk assessment for infection prevention and control. For more information or to register, visit www.aaahc.org/education/webinars. ▲

Meet the AAAHC Staff



NAJAHLA WILLIAMS
REPORT COORDINATOR, TEAM LEAD

“I’m not really good with blood.”

That sentiment led Najahla Williams to choose a non-clinical major at Loyola University School of Nursing. As one component of her health systems management degree, she collected data for Hamdard Healthcare, a federally qualified community health center in Chicago’s Rogers Park neighborhood.

“Data collection was really hands-on,” Najahla said. “Hamdard mostly serves a South Asian and Middle Eastern immigrant community. To be effective, they need to really understand what the community looks like and where the needs for services are. We conducted a physical inventory of the neighborhood looking at things like the number and location of grocery stores and the languages used in local advertising. We even went door to door conducting interviews.

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

Those “groups of organizations” are surgery centers that participate in our Corporate Quality Alliance (CQA) program. When Najahla joined AAAHC as a report coordinator in 2013, she was quickly recruited to the team that supports those corporately-

owned surgery centers. In addition to working on individual survey reports, she looks at aggregate data and identifies trends that can guide performance improvement efforts. She then presents this analysis at CQA corporate meetings.

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

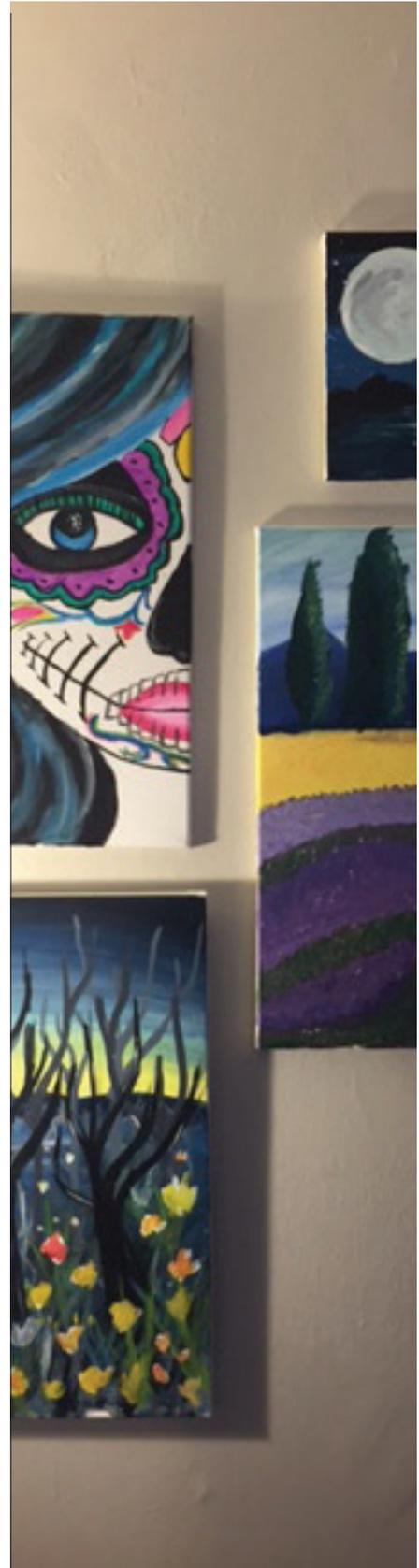
Within the larger accreditation services team, Najahla is valued for her calm

““When you talk about ‘data,’ people usually just think of sitting in front of a computer, studying numbers, but I really loved the community outreach. ”

under pressure and her consistently positive attitude. When she’s not at work, she can be found taste-testing tacos or checking out live music venues across Chicago.

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

A “sip and paint” birthday party for a co-worker inspired a YouTube binge-watch of painting tutorials and a new-found hobby. ▲

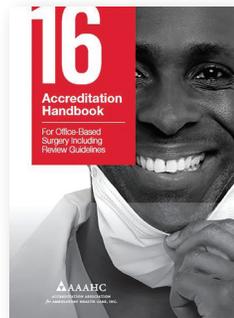
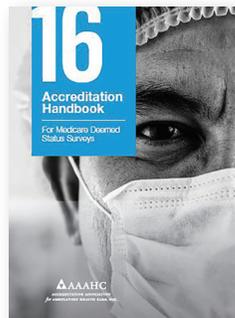
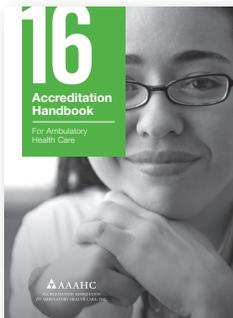


2016 AAAHC Handbooks to be released in March

Both print and electronic editions of the *2016 Handbook for Ambulatory Health Care*, *Accreditation Handbook for Medicare Deemed Status Surveys*, and *Accreditation Handbook for Office-Based Surgery* are available now for pre-publication purchase at www.aaahc.org.

FREE ELECTRONIC COPIES AVAILABLE

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



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