

# **triangle**times

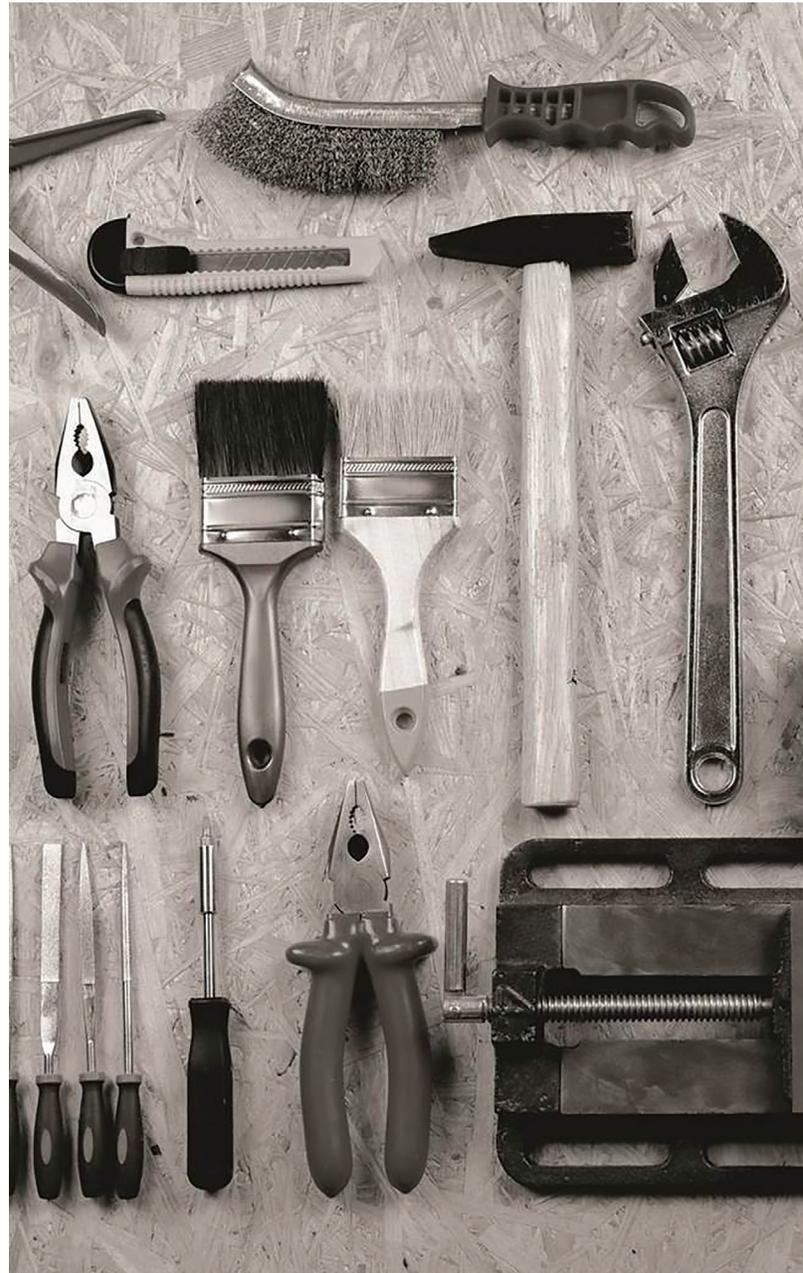
Volume 4 | Issue 1 | Winter 2017

## The Tools of Accreditation

You can approach accreditation as an exercise in compliance. OR, you can use it to build a better, safer, more efficient and effective health care organization.

The AAAHC Standards and accreditation process are a plan for building and maintaining high-quality, patient-centered health care organizations.

Throughout 2017, we'll be exploring the ways that you can use your accreditation as a tool to grow, develop, and improve



*continued on page 3*

# Life Safety Code surveyors add team-based surveys to their training

All AAAHC Life Safety Code (LSC) surveyors begin with a baseline knowledge of fire safety and building systems, but their “day job” may be in a hospital, skilled nursing facility, or other setting. Since their role with AAAHC is entirely focused on surveying ASCs undergoing Medicare Deemed Status Surveys, we’ve recently launched a new component to their educational requirements: team-based, mentored training that takes place within an ASC.

The idea was generated at a meeting of AORN’s ASC Advisory Board at which Mary Wei, Assistant Director, Accreditation Services, was invited to speak about updates to the code set that CMS references for life safety. At the end of her presentation, she asked if anyone would be willing to volunteer their facility for a training survey.

Lee Ann Blackwell, VP of Clinical Services for Practice Partners, a Birmingham, Alabama-based management company, recalls that virtually every hand in the room shot up.

“We knew that the changes in regulation would mean new challenges for our facilities and a need for additional education. AAAHC was looking for an opportunity to mentor trainees, but it was equally an opportunity for us to learn,” she said.

In January, six LSC surveyor trainees, two faculty mentors and Ms. Wei visited Low Country Ambulatory Services in Charleston, SC for two days. A similar event took place at a Minnesota ASC in December for another three LSC surveyors.

“It was a highly collaborative experience,” Ms. Blackwell said. “The

trainees would conduct individual review of an area, as would the trainers, and then everyone (including our staff) would gather to review all the notes. They covered everything in the building and we learned not only *what* we should have in place, but *why*.

“I now have a foundation of knowledge that I can share with all of the stakeholders across our organization. An ASC is a significant investment for physician leaders and owners and our Medical Director was very impressed that AAAHC was providing this service.

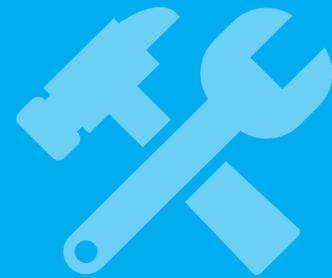
“Based on our experience, I would welcome any of these surveyors into any of our facilities. They were all knowledgeable, consultative, and approachable.” ▲

## ACHIEVING ACCREDITATION 2017: Building and using your accreditation toolkit

This program is an immersive two-day seminar designed to help you sharpen your tools, assemble your resources, and get more from accreditation.

Special electives for Medicare-certified ASCs will focus on updated Life Safety Code requirements and the new CMS Condition for Coverage on Emergency Preparedness.

Registration is now open for the program in Tampa on March 17-18. Visit [www.aaahc.org/education](http://www.aaahc.org/education) to register.





**March 17-18, 2017**  
Tampa, FL

Tampa Marriott Waterside  
720 S. Florida Ave  
Room rates: \$205\*  
Reservations: 888.789.3090  
Mention code AAN

\*Single/double rate guarantee until February 24, but room block may sell out before this date.

### Conference Registration

Registration:

<b>\$785</b> <small>(until February 24)</small>	<b>\$885</b> <small>(February 25 or later)</small>
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Included:

- The Accreditation Handbook for Ambulatory Health Care in print and electronic formats
- lluminating Quality Improvement workbook
- Attendance at general and assigned small group sessions, and electives of your choice
- Free and discounted resources (newsletters, patient safety and disease management toolkits)
- Buffet breakfast, box lunch, refreshment breaks and networking reception on Friday
- Buffet breakfast, box lunch and refreshment break on Saturday

Additional details and online registration at [www.aaahc.org/education/achieving-accreditation](http://www.aaahc.org/education/achieving-accreditation).

### Sample Conference Agenda

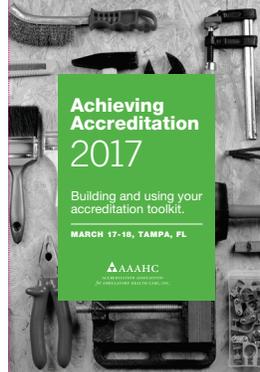
Friday, March 17

7:15 - 8:00 am ..... Registration and breakfast  
8:00 - 9:30 am ..... Welcomes, Introduction, and Core Standards  
9:30 am ..... Refreshment break  
9:45 - noon ..... Core Standards continued  
Noon ..... Box lunch  
1:00 - 4:45 pm ..... Practice setting break-outs  
4:45 - 5:15 pm ..... Evaluating QI studies  
5:15 pm ..... Networking reception

Saturday, March 18

7:30 - 8:00 am ..... Breakfast  
8:00 - 12:15 pm ..... A Joint Standards for Surgical/Procedural or Primary Care settings (includes refreshment break)  
Kerstner Awards presentations  
12:15 pm ..... Box lunch  
1:00 - 4:30 pm ..... Elective sessions begin

Register on-line at [www.aaahc.org/education](http://www.aaahc.org/education).



**Achieving Accreditation 2017**

Building and using your accreditation toolkit.

MARCH 17-18, TAMPA, FL

AAAHC  
AMERICAN ASSOCIATION OF ACCREDITATION HEALTH CARE

AMERICAN ASSOCIATION OF ACCREDITATION HEALTH CARE  
10000 WOODBRIDGE DRIVE, SUITE 100  
JANUARY 2017, TAMPA, FL 33613  
888.789.3090  
WWW.AAAHC.ORG

## The Tools of Accreditation, *continued from page 1*

your health care organization. Here are six ways to start:



### MARKET YOUR ACCREDITATION

Would you go to an unaccredited university or send your child to one?

Health care consumers, like buyers in any arena where cost is a factor, are growing increasingly savvy about the fact that they have choices. Your AAAHC accreditation differentiates your organization. Use it as a tool for marketing by adding AAAHC logos to your website, your electronic signatures, and your letterhead. Hang your Certificate of Accreditation in your reception area where patients will see it. Invite your staff to wear the “accredited by AAAHC” pin on name badges or lab coats. (Contact us, we’ll send you some!) In other words, invite questions. AAAHC accreditation is a professional accomplishment, a confidence builder, and a morale booster that also tells patients about your organization. It’s okay to brag a little about what you’ve achieved!

Find more ideas about using accreditation as a marketing tool on our website.



### EMBRACE CHANGE (CALL IT IMPROVEMENT!)

“In the middle of a difficulty lies opportunity.” – Albert Einstein

Use the Standards as a tool to drive change. Got resistance? We’ve got Standards! Let’s say—purely hypothetically, of course—that your administrator has been trying to get your clinicians to do something differently. When meeting resistance, use the carrot not the stick. Create opportunity for employees by adding responsibilities for achieving and maintaining state licensure, Medicare certification (if applicable), and AAAHC accreditation into all job descriptions. This encourages active engagement with Standards along with investment in the growth of the organization. Use quality programs for resolving employee concerns such as overtime policy. When staff sees direct benefits, there’s more enthusiasm for change.



### AIM FOR THE PRIZE

And since you’ve just completed a QI study for your accreditation, why not submit it for a Bernie?

The *Bernard A. Kersbner Award for Innovations in Quality Improvement* is presented annually to one primary care and one surgical/procedural care organization for an excellent study. This year, the six finalists will be presented at our *Achieving Accreditation* program in March when the winners will also be announced (see page 9 for more details). We will be highlighting the organizations and their studies in the spring issue of *Triangle Times*.



### USE YOUR HANDBOOK

We often make the point that accreditation is an open book test. Did you know that the worksheets

in the Tools section of the handbooks are identical to those used by surveyors while on-site? In 2017, we’ll be adding two additional resources: An overview list of the documentation requirements listed by chapter and a chart of equipment, medications, and education that may help to support clinical emergencies.

For ASCs in the Medicare Deemed Status program, the Physical Environment Checklist (PEC) has been completely updated to reflect the CMS adoption of the 2012 Life Safety Code.



### BRING US TO YOU – SPEAKERS’ BUREAU

Looking for a speaker for a professional event? Look no further than our speakers’ bureau. Send an email to [info@aaahc.org](mailto:info@aaahc.org) with “Speaker Request” in the subject line and a short description of the topic or expertise you are looking for. We are sure to have an expert resource to meet your need.



### WEBINARS – INCLUDING A FREE RESOURCE INTRODUCING CHANGES FOR 2018 LATER THIS YEAR

Take advantage of the educational opportunities available through the AAAHC webinar program. For 2017, there will be a fresh round of informative, live presentations on selected weekdays. Live sessions include Q&A at the end of the presentation. Please be sure to visit our webinar offerings at [www.aaahc.org](http://www.aaahc.org) for registration information. While you’re there, review our “Past Webinars” listing of recorded presentations. Registration fees for all live and recorded sessions include the presentation slides and may also include additional supporting materials.

AAAHC accreditation is a professional accomplishment, a confidence builder, and a morale booster that also tells patients about your organization.

Access to these resources at your fingertips is not the only advantage of partnering with AAAHC for accreditation. The Standards themselves are a framework for growth and improvement, adding value to your organization *if you choose to approach them that way*. We hope you will take advantage of AAAHC education, consultation, and tools to build your brand and take patient care to the next level. When accreditation is approached as an instrument for change and improvement, it has the ability to challenge business as usual, leading organizations to explore fresh perspectives and build solid organizational growth. ▲

# Standard Bearer: 11.I

The Standards of Chapter 11, Pharmaceutical Services, are relevant to most organizations seeking AAAHC-accreditation. ASCs, office-based surgical facilities, and most primary care settings, including dental offices, store, administer, or dispense medications, and/or medical supplies.

According to survey data collected and analyzed in *AAAHC Quality Roadmap 2016*, Standard 11.I, which pertains to safe injection practices, is a frequently-cited deficiency, especially in surgical/procedural settings. Surveyors found breaches in compliance with safe injection practice (SIP) guidelines, such as injectable medications being stored and/or drawn-up in immediate patient care areas, vials not being wiped with alcohol before access, single use vials being used on multiple patients, and practitioners carrying medication vials and/or capped syringes in their pockets.

The vital importance of SIP and safe storage, handling, and dispensing of medications and medical supplies is addressed across multiple Standards in multiple chapters (7, 9, and 11).

## THE STANDARD

11.I *The organization must have policies in place for safe use of injectables and single-use syringes and needles that, at minimum, include CDC or comparable guidelines for safe injection practices.*

## INTENT OF THE STANDARD

Safety injection practices encompass the policy and the procedures health care providers use to administer injectable medication. Safe handling, preparation, and administration are vital to the health and well-being of patients and providers to avoid cross-contamination and the potential for infection. All AAAHC-accredited organizations are required to have a policy and process in place that ensure pharmaceuticals are stored

and dispensed in “a safe and efficient manner.”

## MEETING THE STANDARD

The expectation is that organizations have a documented process that identifies and follows best practices to prevent transmission of bloodborne viruses and other microbial pathogens to or between patients. During the onsite visit, surveyors will review policies and observe procedures as a means of confirming compliance.

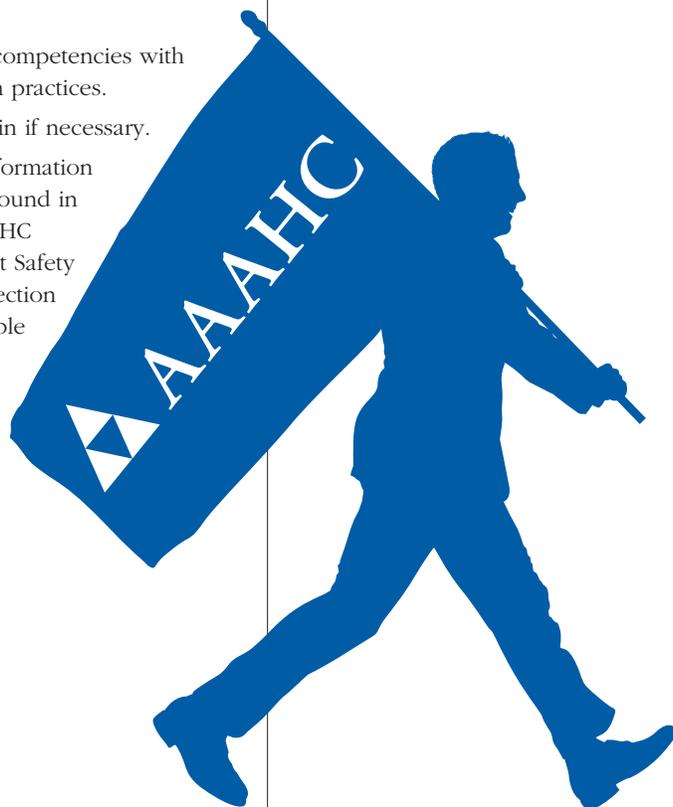
What you can do to ensure compliance:

- Perform a risk assessment to identify where your organization may be SIP deficient.
- Create an annual training plan based on accreditation standards and professional guidelines from AAAHC, APIC, and CDC which will include education in areas such as disinfecting, labeling, administering, and discarding of medication vials, syringes, and needles.
- Assess staff competencies with safe injection practices.
- Revise/re-train if necessary.



More information can be found in the AAAHC

Institute's Patient Safety Toolkit: Safe Injection Practices, available at <http://www.aaaahc.org/en/institute/Patient-Safety-Toolkits1/> ▲



## 2017 AAAHC Handbooks to be released in March

In March, print and electronic editions of the 2017 *Accreditation Handbook for Ambulatory Health Care, for Medicare Deemed Status Surveys*, and for *Office-Based Surgery* will be available for purchase at [www.aaaahc.org](http://www.aaaahc.org).

## DOWNLOAD YOUR FREE PDF

Organizations that are AAAHC-accredited as of February 1, 2017 are eligible to receive an electronic copy of the 2017 handbook free of charge. Instructions for how to access the document will be mailed in mid-February.

# Surveyor Spotlight



**GAYLE LOWE**

For Gayle Lowe, “the sky’s the limit” is more than just a saying. It’s a perspective that views limits not as obstacles but as opportunities. This approach to life informs not only her work as an administrator, RN, and a surveyor but also her busy life outside of healthcare.

## **SURVEYING FOR AAAHC**

In 1983, Ms. Lowe was involved (as PACU nurse, PreOP manager, and interim administrator) in one of the first surgery centers in Kentucky. The facility, which was surgeon-owned, quickly became successful. “We were confident we were the best, so when we heard about AAAHC and accreditation, we thought, bring it on.”

“At the time of the on-site survey, I had not even opened the handbook. I didn’t know anything about the Standards. As you may have guessed, we received a deferred accreditation decision (Ed. Note: Term refers to a pre-2008 designation which is no longer in use by AAAHC). Not being a person who likes to fail, my colleagues and I worked hard to get our facility up to speed on the Standards and as a result we received our accreditation shortly thereafter.”

Following the facility’s accreditation, Ms. Lowe became curious about surveying. Feeling she had the experience and training necessary for the role, she made the decision to train to become a surveyor for AAAHC.

Over her 20 years of service, Ms. Lowe has completed surveys for many types of facilities, including ASCs and office-based surgery centers. Currently, she completes anywhere between 25 and

40 surveys per year for AAAHC. She is credentialed for military surveys and has visited Air Force facilities in Guam and Germany and, as of this writing, is preparing to begin surveying for the Corporate Quality Alliance program and internationally for Acreditas Global.

**“The survey is a chance for the organization to shine, to show how they perform their day to day activities.”**

When Ms. Lowe visits a facility, she wants to put the staff at ease by approaching the survey as a collaboration between surveyor and organization. “I want all of us involved to focus on improvement without any threat of intimidation or punishment. The survey is a chance for the organization to shine, to show how they perform their day to day activities.”

“When I am on-site, I enjoy sharing my knowledge with staff, helping to educate them about the Standards and quality improvement.” She says she is “big on” how to improve processes, to probe them as a means of reducing redundancy and cost. For Ms. Lowe, these are the means to improving the quality of care.

“Gayle has an impressive knowledge of regulations and applicable Standards and never hesitates to provide educational support to staff members when a need is identified,” says Deborah Jinks, a surveyor for AAAHC and colleague of Ms. Lowe. “She consistently displays a sincere desire to improve patient care.” Ms. Lowe views AAAHC Standards as “a living document.” She sees a validity in each Standard even those which may have a commonality. “Each is important on its own in addressing standards of patient care,” she says and adds, “And there ought not to be any compromises when it comes to safety.”

## **FLIGHT SCHOOL**

Recently, Ms. Lowe retired from HCA where she was a Director, Quality Standards for 33 years. However, her retirement is not necessarily one in the traditional sense. Ms. Lowe and her husband own a small airport in Sacramento, Kentucky which services single and multi-engine airplanes. They make their home in the control tower. It is there that she engages in her other passion: aviation. Beyond the day-to-day business management of the facility, she is also a commercial, instrument, ground, and advanced instrument instructor at the airport. “I park my plane just outside the backdoor. Flying is a way for me to relax. Like a Sunday drive in the country.”

Alsie Fitzgerald, another surveyor and long-time colleague, observed, “It always made me nervous when she participated in one of those races across the United States or called to say she had done an emergency landing somewhere but, as with everything else, Gayle puts safety first. She has applied that same dedication and experience to her career with AAAHC that spans 20 years, and any organization is fortunate to have her as their surveyor.”

Importantly, Ms. Lowe sees her life’s work as that of an educator. Whether she is instructing a student pilot,

*continued on back page*



# Spotlight On: Pediatric Dental Initiative of the North Coast

Have you ever heard of a Medicare certified ASC with an alligator mascot, anesthesia that smells like bubblegum, and a focus on pediatric patients? If not, we'd like to introduce you to Pediatric Dental Initiative of the North Coast (PDI), a stand-alone dental surgery center located in Windsor, California.

The facility, which is unique in California, exclusively treats children who have special needs, behavioral or physical issues, allergies to local anesthesia, and/or are unable to sit still for extensive dental treatment. The average patient is 3 years old and, while the severity of the issues varies, a typical case addresses between 8 and 14 cavities.

PDI has two ORs available 4 days a week, and serves families from 33 surrounding counties, many of whom would not otherwise have access to relevant surgical resources. PDI treats children regardless of the family's ability to pay and is funded, in part, by private donations and grants.

## THE SILENT EPIDEMIC

PDI's CEO, Viveka Rydell, is quick to share statistics. "Severe tooth decay is the #1 health issue affecting lower income children—before obesity, asthma and childhood diabetes." In the Northern California area serviced by PDI, 20,000 children are at risk for early childhood caries (ECC) or extreme tooth decay. As far back as 2000, the CDC named this health problem the "silent epidemic."

According to Angela Coffman, RN, PDI is invested in eradicating this health issue in their service area and "the saying around the office is, 'we want to work ourselves out of business.'"

While this is a curious way of promoting an organization, achieving the goal may take some time.

## AN ON-GOING NEED

When PDI opened its doors in 2008, there were 450 children on the waiting list for services. Today, 150 to 200

patients visit the facility each month and annually the number treated tops off around 2,200. At the end of 2016, the facility had treated 17,000 patients since its founding.

The staff of dentists, anesthesiologists, and registered nurses who have been trained in pediatric care, has two main objectives: to correct existing problems and to prevent future problems. Clinically, treatment includes filling cavities, pulling teeth, applying crowns and performing pulpotomies ("baby" root canals). The typical patient has work done on 11 teeth which includes extracting and capping.

The second objective is addressed before, during, and after the procedure and involves the whole family. In addition to clinical expertise, PDI's staff includes educators who work with parents and siblings. An oral health coordinator educates parents about the importance of dental hygiene. In some cases, problems have resulted from lack of information, such as allowing babies to go to sleep with a milk bottle. Another culprit is misinformation; for example, the belief that baby teeth are not important. To the contrary, as Dr. Rosemarie Goldstein, DDS, is quick to point out, the reverse is true. "Baby teeth are the foundation for the

permanent teeth. Pulling baby teeth too early may cause permanent teeth to grow in improperly which, in turn, can result in long term problems with eating and speech."

"The staff of dentists, anesthesiologists, and registered nurses who have been trained in pediatric care, has two main objectives: to correct existing problems and to prevent future problems."

PDI educators teach families about dietary concerns, such as how to read food labels to find sugar content present in fast food, soda, fruit juices, and sports drinks—all common causes of childhood tooth decay. "Many parents give their kids fruit juice instead of soda because they think it is a healthier option," observes Hazel Whiteoak, PDI's Fund Development

Snappy teaches kids about proper brushing technique.





“Recently, PDI implemented an outreach program to educate families in more remote, rural communities, doing screenings and encouraging them to visit the facility.”

and Communications Manager. “However, a 12 oz. container of fruit juice can contain 5 teaspoons of sugar.” Recently, PDI implemented an outreach program to educate families in more remote, rural communities, doing screenings and encouraging them to visit the facility. Using Snappy the Alligator, (who has a beautiful set of choppers, by the way), PDI staff teaches children the fundamentals of brushing as a means of engaging them in basic oral care and stressing the importance of dental care from an early age.

**PDI AND AAAHC**

When the organization was searching for an accreditation body, they had

a clear idea about what they were looking for. “Before we opened, we recognized that AAAHC was the leader in accrediting ASCs,” Ms. Rydell said. “That made it the obvious choice for us as an organization dedicated to continuously reaching toward excellence.”

“AAAHC Standards provide the touchstones for day-to-day operations and are useful for the entire staff. There are times when they can remind us of something we may already know. From a broader perspective, they keep us focused on what is important,” Ms. Whiteoak said.

Pediatric Dental Initiative of the North Coast sought and achieved AAAHC



accreditation with Medicare deemed status in 2008, the year it opened. Since then, they have been re-accredited twice and are scheduled for a fourth survey later this year. ▲

# AAAHC News



## YOU ASK, WE ANSWER

Many of the Institute's benchmarking studies are procedure-specific and we'd had many requests to develop a "universal" study. We are pleased to announce that registration is now open for the January-June 2017 study

period, and included among the topics is *Safe Injection Practices*, a new study open to any organization that administers injectables. A second new topic, *Yag Laser Posterior Capsulotomy*, offers an alternative to the cataract benchmarking study that has been offered for several years.

Most accredited organizations are eligible to participate in one six-month 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.)

Go to: [http://www.aaahc.org/institute/Benchmarking\\_Studies/](http://www.aaahc.org/institute/Benchmarking_Studies/) for the full list of available topics and to register.

Participants receive a comprehensive report at the conclusion of each study period. These reports are also available for purchase at [www.aaahc.org/publications](http://www.aaahc.org/publications)

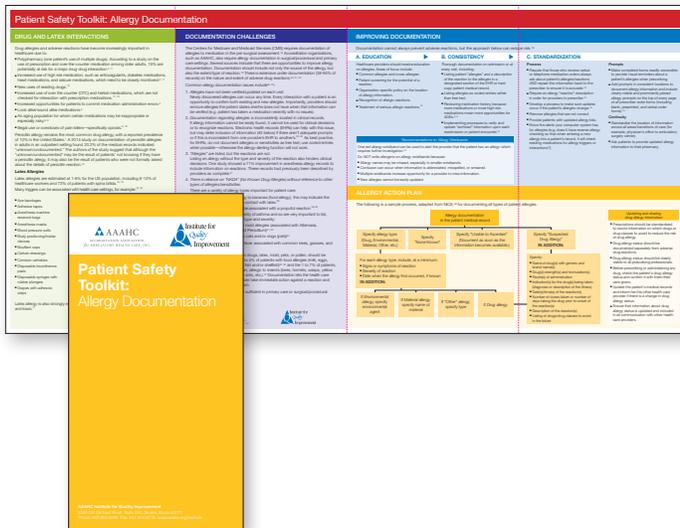
## HOT OFF THE PRESSES: PATIENT SAFETY TOOLKIT, QUALITY ROADMAP

The *Allergy Documentation* toolkit was released in November 2016. The toolkit features data about documentation challenges and improvement along with an "Allergy Action Plan" outlining a process for entering and updating allergy information in a patient's health record.

Copies may be ordered at: <http://www.aaahc.org/en/institute/Patient-Safety-Toolkits1/>

*AAAHC Quality Roadmap 2016* was also released this past November. This report analyzes all surveys under the previous year's Standards to identify areas for improvement. The 12-page report was mailed out to all accredited organizations in December. It details general deficiencies and those most prevalent in specific settings.

Electronic copies are available for download at <http://www.aaahc.org/en/institute/Quality-Roadmap/>.



**WHAT ARE YOUR PREDICTIONS FOR THE “BERNIES”?**

In 2004, AAAHC named an award for Bernard A. Kershner in recognition of his contributions to quality measurement and patient safety in ambulatory settings. Six finalists (3 from surgical/procedural settings and 3 from primary care setting) have been selected for the 2016-2017 Bernard A. Kershner Innovations in Quality Improvement Award.

And the nominees are:

***From surgical/procedural organizations***

The O.R. Pit Crew – A Turnover Time and OR Efficiency Improvement Project

submitted by: Joan Slagle, RN, Quality Assurance Coordinator Palo Alto Medical Foundation Surgery Center Fremont

Timeliness of Obtaining Surgical Clearance Documentation

submitted by: D. Craig Rosfjord, RN, PHN, BSN, Quality Improvement and Safety Nurse Mankato Surgery Center

Verifying Cleaning Processes for Reusable Biopsy Valves

Phyllis Shriner, RN and Irma Haak, RN Maryland Endoscopy Center

***From primary care organizations***

Improving rates of HPV vaccination among Male College Students

Suzanne Martin, DNP, NP-C, Nurse Practitioner, QI Director, Assistant Professor (Clinical) University of Utah

An Intervention to Reduce Unnecessary TSH, HbA1c and Vitamin D Testing in Accordance with Evidenced-Based Guidelines within a PCMH

Danielle Smith, MSN, RN, FRE, Health Center Manager Premise Health: Westlake Health & Wellness Center

A Multidisciplinary Approach to Condition Management in a Primary Care Setting

Kathleen McKim, RN BSH LHRM, Clinical Services Manager Premise Health, Center for Living Well

Each finalist will prepare a poster, and participants in the March 2017 Achieving Accreditation seminar in Tampa, Florida will cast ballots for their favorite. The official winners (and the peoples’ choice winners) will be announced during the conference, and the posters will be published in the Spring issue of *Triangle Times*.

**INSTITUTE SHOUT OUTS**

“Trends in Anesthesia Use in Cataract Extraction with Lens Insertion: 2010-2015 AAAHC Institute for Quality Improvement Study Results,” co-authored by Naomi Kuznets, PhD and Belle Lerner, MA of the AAAHC Institute was published in the December 2016 issue of the *International Journal of Anesthesiology Research*.

Last but not least, in November, a move to consolidate the two non-profits was approved by the respective Boards of AAAHC and the AAAHC Institute for Quality Improvement. The result of this merger will be closer collaboration between the two entities, especially in the areas of education and resource development. ▲

**20-YEAR SURVEYORS HONORED**

Board Chair, Dr. Meena Desai (back row, second from left) honored surveyors with 20+ years of service at a November 2016 dinner.



# Meet the AAAHC Staff



**KRYSTAL LOPEZ**  
SCHEDULING COORDINATOR II

Krystal Lopez is a reader. But not just any reader. Her Kindle is stocked with over 500 titles and growing. As of this writing, she has read 121 books in 8.5 months. That's a commitment!

Krystal shows this commitment and drive in her work for AAAHC as well. She began as an Accreditation Process Clerk (APC), shifted to become a Scheduling Coordinator within one year, and two years later was promoted to Scheduling Coordinator II. Part of what motivated her interest in health care accreditation was the Nursing Assistant program she pursued in college, the clinical rotations she participated in at a local hospital, and her recent enrollment in a Medical Assistant program.

"I am customer service oriented and love the personal interaction. The daily contact with patients and staff in the hospital and with organizations and surveyors at AAAHC is well-suited to my personality. I am a people person!" she said.

As a Scheduler, she is responsible for Medicare Deemed Status surveys east of the Mississippi. Once an application has been processed, Krystal contacts the organization and reaches out to surveyors to arrange the on-site survey. Her role requires her to mediate between facility and survey team, finding the best fit not only by calendar, but more importantly, in terms of experience and credentials.

Additionally, she values the dedication of AAAHC surveyors. "They are so willing to travel long distances or agree

to a survey in Minnesota in January. To me that speaks volumes about their commitment to our mission."

*"I am customer service oriented and love the personal interaction. The daily contact with patients and staff in the hospital and with organizations and surveyors at AAAHC is well-suited to my personality. I am a people person!"*

Krystal sees the importance of the mission of AAAHC and accreditation as a way to build trust. An organization, she feels, benefits by building trust through accreditation. It is about the relationship which develops between provider and patient. Accreditation creates an environment in which it is less likely that something will go wrong. For a patient, this means, "I trust the facility will take care of me." For her,

that is the most important relationship, one that accreditation fosters.

When Krystal is not working her magic as a Scheduler, she might be found going with friends to a "Paint and Pour," a gathering of like-minded artists who meet at local Chicago-area venues to share experiences, mingle, have a glass of wine, and paint.

"Painting is very relaxing. It allows me to decompress, get out of myself and dive into the art. I love it!"

Speaking of the arts, she also spends quality time with her 3-year old niece whom she takes to dancing and art classes. "I'm her favorite aunt—for obvious reasons."

She describes herself as a homebody and most recently has binge-watched *Game of Thrones*, *True Blood*, and *Sons of Anarchy*. However, her favorite activity, second only to spending time with her niece, is – you guessed it – reading. "I live vicariously through books," she says, "the action, the romance, the adventure... Actually I'm really boring!"

It's safe to say that whatever Krystal is doing, from contacting a surveyor to hanging out with her niece to painting, she is fully present and engaged. She is anything but boring. ▲

## 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](http://www.aaahc.org/publications)



# Welcome to our newly accredited organizations

Congratulations to the 50 new organizations accredited by AAAHC between October 1 and December 31, 2016.

<b>ALABAMA</b> E. Gaylon McCollough, MD, LLC	Sacramento Heart Ambulatory Surgery Center Inc.	<b>IDAHO</b> Gem State Endoscopy	<b>NORTH CAROLINA</b> Robeson Endoscopy Center LLC	Great Neck Medical Services	Caplan-Berkeley, LLP
<b>ARIZONA</b> Central Arkansas Surgery Center, LLC	Tracy Outpatient Surgery Center	<b>ILLINOIS</b> Lift Body Center, LLC	Vein Specialists of the Carolinas	Manhattan Spine & Pain Medicine	Cleburne Endoscopy Center
<b>CALIFORNIA</b> Central Valley Surgery Center, Inc.	UC Regents	<b>INDIANA</b> Centers for Pain Control, Inc.	<b>NEW ENGLAND</b> Creighton University Student Health Services	Winthrop Community Medical Affiliates PC	Water Leaf Surgery Center, Ltd.
Cornerstone Surgical Center, Inc.	Woodland Hills Oral & Maxillofacial Surgery	<b>MARYLAND</b> ASC Development Company LLC	R Choice Surgical Center, LLC	<b>OHIO</b> IPS ASC, LLC	<b>VIRGINIA</b> National Rural Letter Carriers' Association
First Choice Surgical Center, Inc.	<b>CONNECTICUT</b> Guilford Surgery Center, LLC	<b>MICHIGAN</b> Northwest Michigan Health Services, Inc.	<b>NEW JERSEY</b> Jasper Ambulatory Surgical Center, LLC	St. Mina Interventional Pain Center, Inc.	<b>VIRGIN ISLANDS</b> Graham Urological Center, LLC
Irvine Endoscopy Partners, LLC	<b>FLORIDA</b> Habana Ambulatory Surgery Center	<b>MISSOURI</b> Cox Health - Ambulatory Clinics	Surgery Center of Oradell, LLC	<b>OREGON</b> Aesthetic Surgery Center of Eugene	Podiatric Medical Services for Ambulatory Surgery, Inc.
Irvine Surgical Partners LLC	Specialists in Urology Surgery Center, LLC	SSM St. Joseph Endoscopy Center, LLC	<b>NEW MEXICO</b> First Nations Community Healthsource	<b>PENNSYLVANIA</b> Leader Surgical Center, Ltd	<b>WASHINGTON</b> Group Health Capitol Hill Ambulatory Surgery Center
Nu Health Surgical Center, LLC	<b>GEORGIA</b> Athens Digestive Endoscopy Center	<b>MONTANA</b> Montana State University Billings Student Health Service	<b>NEW YORK</b> Advanced Surgery Center	<b>SOUTH DAKOTA</b> Brookings Ambulatory Surgery Center, LLP	
Pacific Coast Surgical Centers, LLC	Heart and Vascular Care, Inc.			<b>TEXAS</b> AFSC, LLC	

## January 2017

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### January

*Triangle Times* published

*Connection* published

**30-31**

On-Site Employee Health Clinics Conference (Scottsdale) (exhibit)

## February 2017

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

### February

**9-11**

American Academy of Cosmetic Surgery Scientific Sessions (AACCS) San Diego (exhibit)

## March 2017

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

### March

*Connection* published

**1-3**

Texas Ambulatory Surgery Center Society (TASCS) Austin (exhibit)

**15-18**

Southern College Health Association (SCHA) Orlando (speaker & exhibit)

**17-18**

*Achieving Accreditation* (Tampa)

**29- April 1**

National Association of Community Health Centers – Policy and Issues Forum (NACHC) Washington, DC (exhibit)

■ = education ■ = outreach

## AAAHC celebrates its surveyors

### Surveyor Spotlight,

*continued from page 5*

presenting a QI breakout session at *Achieving Accreditation*, or teaching an ASC staff member a finer point of a Standard, her motto is “see one, do one, teach one.”

I am sharing my experiences and participating in raising awareness of AAAHC Standards and their impact on patient safety and quality of care by helping one facility at a time to improve and achieve excellence.” ▲

**19** Surveyors with 20 years of service

The collective years of service for 20+ year AAAHC surveyors **388**

The most years of service by a (recently retired) surveyor **28**

Collective years of service for current AAAHC surveyors **3,159**

**2,501**

Total number of surveys in which our surveyors participated in 2016

Most states visited by one AAAHC surveyor in 2016 **13**

**57** Most surveys conducted by one surveyor in 2016

Miles furthest traveled to a survey (North Carolina to Guam) **8,000**

### In this issue:

The Tools of Accreditation

Standard 11.1

Organization Profile: Pediatric Dental Initiative of the North Coast

Surveyor Profile: Gayle Lowe

Staff Profile: Krystal Lopez