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Leadership Message

IN RESPONSE TO COVID-19, AAAHC RECOMMENDS HEIGHTENED ATTENTION TO STANDARDS



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As the COVID-19 situation continues to evolve, we recognize and applaud the efforts you are making to care for patients and the community. AAAHC supports these efforts by providing the latest information and guidance to promote ongoing compliance. I want to assure you that AAAHC will continue to be transparent in our communication and keep you updated on developments.

AAAHC has released guidelines and recommendations to help health care facilities maintain necessary operations safely throughout the pandemic. While most member organizations are ahead when it comes to being prepared for an infection outbreak, there are additional steps you can take to ensure your facility is specifically equipped to handle COVID-19. The direction AAAHC provides follows guidelines from the CDC and stresses Standards designed to help health care providers identify, isolate, and inform.

As organizations prepare to reopen and resume practice, AAAHC recommends reviewing and updating your infection control processes, assessing your PPE inventory, and updating your emergency preparedness plan.

Organizations should identify and postpone elective or non-essential visits or surgeries, unless allowed by your state health department. For patients that require an office visit, increased pre-screening measures with specific questions related to recent travel, evidence of fever and other COVID-19 symptoms will support early identification. Suspect COVID-19 patients should be tested or referred to designated testing centers.

To help isolate the infection, limit the number of people allowed in your facility and take each patient's temperature upon arrival. Clear the waiting room of items that can spread the virus, such as magazines, and thoroughly clean materials like pens used by each patient. Your commitment to frequent environmental cleaning, following CDC protocols and hand hygiene, is critical.

Keep your staff informed of COVID-19 outbreak updates and ensure they fully understand your facility's plan and procedures.

All organizations across both surgical and primary care settings should remain vigilant about practices that impact employee and patient safety and the quality of care delivered. Your infection prevention and control efforts demonstrate your commitment to the *1095 Strong, quality every day* philosophy. They make a difference to the patients you serve and to the employees on the frontline.

To support your efforts to reduce risk of spreading infection, AAAHC has posted a recorded webinar and other COVID-19 resources at: aaahc.org/covid-19. ▲

Topics in the Industry: Medication Reconciliation

As most health care professionals know, communication between providers and patients helps track that patients are being continuously mindful about their own health. Scheduling annual checkups, receiving seasonal flu vaccines, and following dosage and frequency of prescribed medications are all important components in maintaining wellness. When it comes to medications (including prescriptions, OTC medications, vitamins, and supplements), conversations between provider and patient can help ensure patients are taking medications as recommended and that these are not contraindicated by patient allergies or other medications.

In ambulatory care, medication lists can quickly become inaccurate, most notably during transitions of care. As patients move among providers, their providers need to communicate not only with patients/patient caregivers but also with other providers. As a key component of communication at every visit, providers need to conduct medication reconciliation, with input from their patients, to ensure the most accurate medication list. In addition, organizations need to designate a single source document (EHR or one hard copy form developed by the organization as the definitive medication reconciliation form) that all health care providers will use. The single source document should

be compared with any other existing lists on file, as well as those reported by the patient, to ensure it is up-to-date at each visit. This single source document, then, follows the patient through any transition of care, helping mitigate the risk of adverse drug events (ADEs).

In response to data showing that poor or missing medication reconciliation dramatically increases risk of ADEs and health care costs overall, AAAHC and the Institute for Quality Improvement began offering a benchmarking study focused on medication reconciliation in January 2019. Findings from the 2019 studies were analyzed and key results published in 2019–2020.

► Key Medication Reconciliation Findings in the Surgical/Procedural Setting

Single Source Medication Documentation

- 99% of participating organizations indicated that they have a “single source” (i.e., one place within a patient’s EHR or hard copy that providers and staff can find the latest medication reconciliation information) document policy for tracking a patient’s current and past medications.

Medication Allergy/Sensitivity Documentation

- Providers documented if the patient has any known allergies or sensitivities to medications, or not, in 86% of charts.

Medication Lists

- For those with current medication lists, providers recorded whether the patient was taking the medication as prescribed in 65% of charts.
- For those with new prescriptions, providers documented that the medication was new and when it should be started in 84% of charts.

Changes to Medications Prior to the Procedure

- For those who were instructed to stop the medication prior to the procedure, in 81% of charts, providers documented the number of days the patient was instructed to stop the medication prior to the procedure.
- For those who were instructed to stop the medication prior to the procedure and who were to resume the medication after the procedure, in 90% of charts, providers recorded that the patient was instructed to resume any stopped medication post-procedure.

For Medication Contraindications

- In 84% of charts, providers documented whether there was a medication contraindication with the use of any of the other medications listed.

For Medication List Review

- In 97% of charts, providers recorded that they reviewed the list with the patient/patient’s caregiver.

► Key Medication Reconciliation Findings in the Primary Care setting

Single Source Medication Documentation

- 83% of participating organizations indicated that they had a “single source” document for medication reconciliation.

Medication Allergy/Sensitivity Documentation

- Providers documented whether the patient had any known allergies or sensitivities to medications in 75% of charts.

Medication Lists

For those patients with current medication and updated medication lists:

- Providers documented whether the patient was taking the medication as prescribed in 77% of charts.
- Providers recorded whether they made changes to these medications or not in 77% of charts.

Medication Contraindications

- In 88% of charts, providers documented whether there was a medication contraindication with the use of any of the other medications listed.

Medication List Review

- In 89% of charts, providers recorded that they reviewed the list with the patient/patient’s caregiver.

► Results Indicate Opportunities for Improvement

While these results indicate that many organizations participating in the study were following best practice for medication reconciliation, there continue to be issues that impact documenting, updating, and verifying of medication lists.

Some of the areas with clear opportunities for improvement include:

- Using a single-source document (especially in primary care)
- Documenting allergies or lack thereof (in both types of care settings)
- Discussing patient compliance with medication prescriptions (in both types of settings)
- Providing explicit instructions regarding stopping medications pre-procedure and resumption of medications post-procedure (for surgical/procedural care)

► Be Aware of Patient Risk Factors for Adverse Drug Events

While the areas for improvement just described reflect on actions organizations/providers can take, these entities must also have a heightened awareness of patient factors associated with medication discrepancies. Examples of these are age, language barriers, hearing/visual/cognitive impairment, cultural issues, polypharmacy, and health literacy.



► Best Practices

To mitigate risks associated with ADEs/medication discrepancies, organizations can follow best practice for implementation of medication reconciliation. All organizations should follow these best practices:

1. Commit to medication reconciliation as part of the “culture of safety” at your organization.
2. Implement a “single source” document policy for tracking a patient’s current and past medications.
3. Verify and document medications BEFORE and AFTER each patient exam/procedure.
4. Resolve any discrepancies by communicating with the patient, provider, and/or pharmacy.
5. Communicate with patients and have them verify the current medication list.

Organizations interested in participating in the 2020 Medication Reconciliation benchmarking studies or learning more about AAAHC resources on the topic may visit “Quality” at aaahc.org/quality. ▲

New Standards Coming This Summer

IN 2020, AAAHC PLANS TO RELEASE STANDARDS VERSION 41 FOR FOUR ACCREDITATION PROGRAMS

Proposed schedule for release on July 1, 2020 with an effective date of November 1, 2020:

- Regular non-MDS Accreditation
- Deemed Status Accreditation for Medicare Deemed Status (MDS) **pending CMS approval*

Proposed schedule for release on September 1, 2020 with an effective date of January 1, 2021:

- Health Plans — Regular HP
- Health Plans — FEHB

AAAHC Regular Accreditation and AAAHC Medicare Deemed Status Program Standards

Version 41 of the AAAHC Accreditation Handbook for Ambulatory Health Care and the Accreditation Handbook for Medicare Deemed Status Surveys incorporates across-the-board enhancements to program cohesion, reduced redundancy between core and adjunct chapters, and integration of valuable feedback provided by clients and surveyors. AAAHC MDS Standards will also include changes to scoring to increase transparency and maintain consistency with AAAHC non-MDS Standards.

For non-MDS and MDS accreditation Standards, v41 will introduce 15 new or notably revised Standards. AAAHC does not anticipate that organizations will need to do any major overhauls to policies, procedures, or programs to be compliant with these changes.

- All proposed substantive revisions to the Standards were posted for Public Comment in May and October 2019 and subsequently approved through the appropriate governance channels. AAAHC received input on the proposed changes from hundreds of surveyors, accredited organizations, and professional associations.
- In addition to the revisions posted for Public Comment, additional minor revisions were made to improve Standards and assist organizations with compliance. For example, where there may have been 10 elements of

compliance for a Standard, there are now 7 or fewer, combining similar elements or removing redundancies.

AAAHC will survey all facilities with an accreditation expiration/anniversary date on or after the effective dates specified above under v41, including if an organization chooses to schedule its survey before November 1st.

Standards and the *1095 Strong, quality every day* philosophy

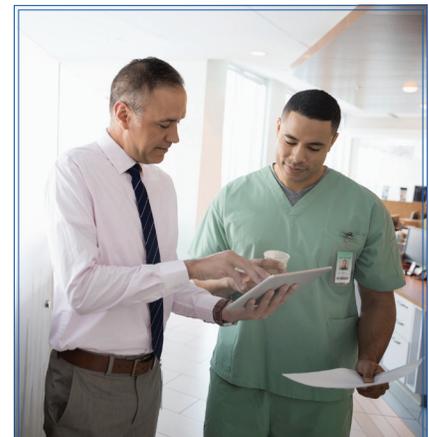
- Digital copies of the non-MDS and MDS handbooks will be available for download to all accredited organizations or those in the process of achieving accreditation. Each handbook will contain a crosswalk identifying substantive changes from the previous version for ease of review and implementation.
- *Achieving Accreditation* live education programs will address v41 of the non-MDS and MDS Accreditation Standards.
- AAAHC will offer webinars to educate clients on Standards updates.

Health Plans Standards

Version 41 of the AAAHC Health Plans Standards (Regular and FEHB Health Plan Programs) reflect across-the-board enhancements to cohesion, reduced redundancy between chapters, and incorporation of valuable feedback provided by clients and surveyors. We will offer educational webinars to accredited

organizations to facilitate adoption, surveyor training to ensure our cadre is fully trained on the changes, and a crosswalk in the handbook appendix identifying substantive changes from the previous version for ease of review and implementation.

For health plans, AAAHC will survey all facilities with an accreditation expiration/anniversary date on or after the effective dates specified above, including if an organization chooses to schedule its survey before January 1st. ▲



The 2020 Quality Roadmap is a tool that can identify themes deserving special attention in your organization and inspire quality improvement initiatives.

To download your copy, please visit aaahc.org/quality/aaahc-quality-roadmap/