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

AAAHC

triangletimes

Volume 7 | Issue 2 | Summer/Fall 2020

COVID-19 Risk Prevention Guidelines Recommend Health Care Facilities 'Identify, Isolate, and Inform' During Resumption of Operations, Part 1

The emergence of the COVID-19 pandemic created new burdens and unprecedented challenges for the US health care system. Health care facilities around the country are having to constantly adapt to rapid changes and adopt novel strategies as they navigate executive orders and the virus itself, while ensuring staff, patient, and visitor safety.

Ambulatory health care facilities offering limited services, operating at full capacity, or preparing to reopen after temporary closure must continue to stay up-to-date on the coronavirus situation in order to implement best practices both during a state of emergency and following the gradual reopening of state health care systems.

Following guidelines from the Centers for Disease Control and Prevention (CDC), the Accreditation Association for Ambulatory Health Care (AAAHC) has released recommendations to help organizations safely navigate the evolving stages of the COVID-19 pandemic, with an emphasis on steps to identify, isolate, and inform.

Leadership Message

In the last issue of *Triangle Times,* I shared with you the need for all organizations across both surgical and primary care settings to remain vigilant about practices that impact employee and patient safety and the quality of care delivered.

Since then, AAAHC has focused on four key initiatives to support that message.

- **First,** AAAHC resumed onsite surveys with the principles of health and safety at the forefront. In addition, AAAHC developed and promoted educational opportunities with the following organizations: ACHA, HRSA, IHS, and AORN, as well as releasing the 2020 *Quality Roadmap* and presenting the webinars on the v41 Standards handbooks.
- **Second,** we orchestrated the v41 Standards release of both the *Accreditation Handbook for Ambulatory Health Care* (non-MDS) and the *Accreditation Handbook for Medicare Deemed Status,* v41 (MDS). The non-MDS handbook released on July 1 and the MDS handbook on September 1.
- **Third,** in support of the *1095 Strong, quality every day* philosophy, and our commitment to ongoing engagement, we launched our inaugural *Achieving Accreditation* virtual conference September 14–17.
- **And finally,** we are investing in the technology needed to better serve the needs of your organization.

Every day our team relentlessly works to ensure you have the tools and resources for improving health care delivery through the COVID-19 pandemic and beyond.

continued on page 2

IDENTIFY | The three key components that must be addressed to help protect a health care facility during a public health emergency are identifying 1) an emergency preparedness plan, 2) potential risks, and 3) patient scheduling and pre-screening procedures.

1 Emergency Preparedness Plan

Conduct a thorough review of the written emergency preparedness plan, and ensure it addresses internal and external threats. To ensure the plan is optimized for COVID-19 prevention, update the section addressing the prevalence of infectious diseases and isolation policies.

A comprehensive plan should include strategies to manage patient flow and capacity. Consider staffing issues that may occur due to exposure, provisions for a safe evacuation, especially for those who are at a greater risk, and measures for participation in a potential community health crisis. This includes possible coordination with the city, county, state, or Centers for Medicare & Medicaid Services (CMS). Once the emergency preparedness plan is sufficiently updated and approved by all necessary executive parties, disseminate the document to your entire staff. All staff should be educated on these updates in a timely manner.

2 Infection Control Risk Assessment

Comprehensive infection prevention and control includes evaluations of equipment and staff training. Outside assistance to conduct infection control risk assessments can prove beneficial because internal management teams may be too deeply involved with daily operations.

Optimize the supply of personal protective equipment (PPE) by fully understanding your ongoing PPE inventory and utilization rates. The CDC has a PPE burn rate calculator that is a spreadsheet-based model that will help health care facilities plan and optimize the use of PPE. It is recommended that facilities review their PPE plan to incorporate strategies for the prioritization of PPE. The CDC addresses prioritization in three ways:

- Conventional capacity which are strategies that should already be in place
- Contingency capacity measures which conserve supply during periods of PPE shortages
- Crisis capacity which is implemented when supplies cannot meet the facility's utilization rate

Designate time to educate staff on CDC updates, revised facility procedures, PPE, COVID-19 symptoms, management and notification, and transmission-based precautions. Ensure all employees become familiar with infection prevention and control guidance for managing COVID-19 patients for the duration of the pandemic.

continued from page 2

IDENTIFY | The three key components that must be addressed to help protect a health care facility during a public health emergency are identifying 1) an emergency preparedness plan, 2) potential risks, and 3) patient scheduling and pre-screening procedures.

3 Patient Scheduling and Pre-screening

In anticipation of the possible need to manage an influx of COVID-19 patients, your organization should have a plan for how to assess patients prior to entry into your system.

Depending on your state and local guidelines, you may proceed with some elective and non-urgent appointments and eventually resume more standard operations. However, continue to offer patients alternatives to office visits, such as telehealth, patient portals, and advice lines to further reduce risk. Additionally, eliminate any penalties in place for cancellations to encourage sick patients to stay home or seek an office visit alternative as discussed above.

To help prevent transmission, pre-screening patients about previous COVID-19 testing results and symptoms during a pre-visit call is essential. Ask specific questions about date of test, recent travel, or known exposure, and note if they have had fevers or any other COVID-19 symptoms. Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.

Consider reaching out to patients who may be at higher risk of COVID-19-related complications, such as seniors and those with medical comorbidities or respiratory diseases, to ensure adherence to current medications and therapeutic regimens. Confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill.

Some health care facilities have incorporated rapid antigen testing into pre-screening processes. Rapid tests are now commonly used in the diagnosis of COVID-19 for symptomatic persons within the first five to seven days of symptom onset and a list of tests are available on the Food and Drug Administration website. The CDC also provides specific guidance on the collection and handling of clinical specimens. ▲

Read the full article on our website later this fall.

Achieving Accreditation Goes Virtual

AAAHC is excited to announce that our flagship education program, *Achieving Accreditation (AA)*, went live on September 14 with a theme focusing on moving forward with the values of the *1095 Strong* philosophy: *Facing the future together...1095 Strong.* Content is available to registrants to access on demand for 30 days after the conclusion of the conference (October 18, 2020). Attendance was a record for *AA*, with over 400 registrants.

Along with deep dives into Standards and setting-specific break out sessions, participants enjoyed breaktime activities, such as:

1. **Laughing with a 'Second City' skit**
2. **Breathing and relaxing with yoga influencer, Phyllicia Bonanno**
3. **Grooving to the tunes of the lead singer from 'Toad the Wet Sprocket'**
4. **Enjoying a virtual happy hour and creating a cocktail or mocktail with Mixologist Michael Cecconi**

One of the more anticipated events of the program was the announcement of the 2019–2020 *Bernard A. Kershner Award* winners. To view posters of the finalists and the winners, please visit aaahc.org/quality/2019-2020-innovations-winners-finalists/

Attendees were also eligible to receive 13 CEUs/AEUs for attending the educational courses that *AA* participants have come to know and trust.

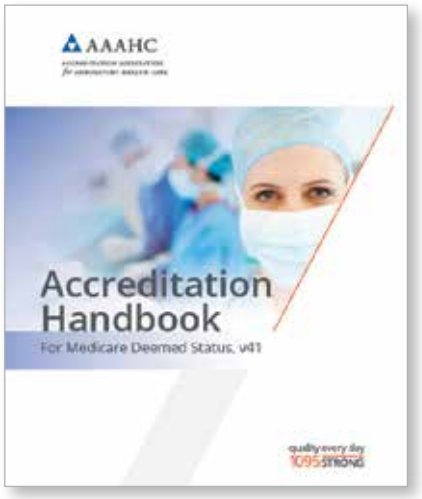
AAAHC will present its second virtual *AA* December 7–10. Please mark your calendars and stay tuned for details.

Please visit aaahc.org/learn for additional information and link to registration through our 1095 Learn learning management system.

Questions?
Please contact the Education Team at education@aaahc.org. ▲

AAAHC Releases v41 of Medicare Deemed Status Handbook

On September 1, AAAHC released v41 of the *Accreditation Handbook for Medicare Deemed Status* (MDS). The revised edition of the handbook provides the most current information and CMS guidance as it relates to the care of patients and staff within the ambulatory setting. As part of the v41 release, AAAHC worked to collectively unify the policy and procedures across accreditation programs to ensure consistency, where applicable. Please note our survey process for ambulatory surgery centers (ASCs) has not changed.



The v41 Standards are presented in a new format that includes "elements of compliance," the presence of which can be evaluated as yes, no, or not applicable (NA). Following each Standard is a ratings chart that defines how many elements must be present to achieve specific compliance ratings, or whether the Centers for Medicare & Medicaid Services (CMS) Condition for Coverage (CfC) necessitates that all "elements of compliance" must be present to achieve compliance. The intent of these changes is to create greater transparency with regard to what AAAHC surveyors will be looking for and to allow organizations the ability to conduct a self-assessment that should align closely to that of the onsite surveyor or survey team. ▲

Plan for an Optimized Survey Experience

AAAHC looks to ensure every facility can optimize its survey experience with the launch of the *Accreditation Handbook for Ambulatory Health Care,* v41 and the *Accreditation Handbook for Medicare Deemed Status,* v41. We encourage you to review the Standards with particular focus on the revisions which are highlighted in the back section of each handbook. This is an opportune time to conduct a self-assessment to evaluate your compliance and identify opportunities for improvement. Version 41 is effective on November 1, 2020. AAAHC will survey all organizations with an anniversary/expiration date on or after November 1, 2020 against this new set of Standards.

Organizations with an anniversary/expiration date prior to November 1, 2020, but who are scheduled for a survey on or after November 1, 2020 due to delays from the COVID-19 pandemic will also be accountable to compliance with v41.

Prior to arrival at your location, each AAAHC surveyor conducts a self-screen for COVID-19 symptoms — when accepting the assignment, while in transit, and each day before arriving onsite. At any point, if a surveyor experiences *any* symptoms of illness, the survey will be postponed. To ensure smooth travel across state borders, surveyors will have an AAAHC Essential Worker letter on their person.

When your surveyor(s) arrives, we expect the organization to apply its own visitor screening policies consistent with any visitor or patient. Throughout the survey, consider ways to promote social distancing, such as limiting the number of individuals in group sessions and maximizing use of technology to conduct interviews. Finally, mask wearing, heightened focus on hand hygiene, and cough etiquette are essential for everyone to observe.

AAAHC closely monitors COVID-19 activity across the country. Organizations with a survey pending should communicate a related occurrence to AAAHC at notify@aaahc.org.

The safety of patients, clients and surveyors is always the top priority for AAAHC. Together, we can drive quality solutions while working to reduce the risk of infection. ▲

Has your organization conducted a successful quality improvement (QI) study that has been impactful?

If so, we encourage you to submit your QI study for consideration for the 2020–2021 *Bernard A. Kershner Innovations in Quality Improvement Award.*

All AAAHC-accredited organizations are eligible to submit a completed study.

Entries will be accepted until noon CT on October 30.

To learn more about the Kershner Award, please visit aaahc.org/quality/kershner/