AAAHC Quality Institute Releases Toolkits

The AAAHC Quality Institute recently released a fully updated Ambulatory Surgery and Preoperative Evaluation and Testing Toolkit. Emphasizing the importance of preoperative evaluation as a means to identify patient comorbidities, this toolkit is designed to help organizations minimize adverse perioperative outcomes and maximize patient safety. Additionally, the toolkit outlines parameters for preoperative testing and includes a section on COVID-19 as it applies to this topic.

In addition to the Preoperative Evaluation and Testing toolkit, AAAHC Quality Institute has released an updated toolkit on ambulatory surgery and obesity. The toolkit discusses subjects such as body mass index (BMI) and risk and preoperative and intraoperative considerations. Included in the toolkit is a Preoperative Evaluation flowchart, COVID-19 recommendations, and a new and improved list of references for further exploration.

To review the complete selection of toolkits, please visit aaahc.org/quality/patient-safety-toolkits/

Leadership Message

As we begin a new year, we will face many of the same challenges as the last one—a year in which the COVID-19 pandemic has required us to adapt in ways we may never have imagined possible. I know times have been tough for your practices—new procedures required, less staffing available, inconsistent patient appointment flows—and these issues are on top of your own personal challenges.

We hope you take some comfort in knowing that you and AAAHC share common goals—to ensure quality care is delivered to your patients and to provide a safe environment for patients, staff, and yourself.

Like many of you, in mid-March 2020, AAAHC dramatically shifted our processes and priorities in response to the COVID-19 pandemic. Since June 2020, in addition to ramping up our surveys and navigating the dynamic state-level situation with shutdowns and quarantine restrictions, we are continuing to invest in the future.

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One on One with the CEO and New Board Chair

As our December Achieving Accreditation (AA) program concluded, Board Chair Timothy Peterson, MD sat down with AAAHC President & CEO, Noel M. Adachi. Their conversation covers a variety of topics including the current pandemic, virtual AA, and expansion and growth. The editors of Triangle Times are pleased to share their discussion.

N.A.: Hello everyone! I am Noel Adachi, President & CEO of AAAHC and joining me is Dr. Tim Peterson, chair of the AAAHC Board of Directors. I want to take a few moments to reflect on the learnings, share some statistics, and address a few additional questions received from you.

You know this whole virtual thing is a new experience for all of us. Keeping up with the new technology is an absolute must. Dr. Peterson, can you share how the pandemic has impacted your work and daily routines? What have been your learnings during this year?

T.P.: Thank you Noel and it is a pleasure to be with the entire group. Clearly, over this last year there has been an almost complete shift to virtual interaction. Whereas I used to be in an office and have meetings in a conference room, now meetings are all held online. More importantly, the pandemic emphasizes the need to be always paying attention to the social and emotional determinants that are affecting people’s lives. And not just patients but also our staff. We’ll never know for sure what additional stresses people are under, and we need to be paying attention to that much more closely than we have in the past.

N.A.: Excellent point. And I will add that this week we had a good sense of people’s engagement because we gave them a lot more opportunities to ask questions and engage with us. And many have taken advantage of that.

As the COVID-19 vaccine rollout continues and is ramping up, please share with our audience your insights on the progress and where we need to get to.

T.P.: I’m a staunch believer in safe immunizations and testing. Every year, no matter what organization I have been involved with, I have been active in the campaign to promote the influenza vaccine—the benefits of receiving the annual immunization and education about misconceptions. For example, you do not get the flu from getting the flu vaccine. That is true of the COVID-19 inoculation as well. There may be some side effects, such as achiness or a headache, but you do not get the disease from it. As health care professionals, we have to encourage the public to accept the vaccination as a safe and necessary step to moving beyond the pandemic. And we have to ensure the vaccine is accessible to all populations.

N.A.: It was clear from Dr. Joy Himmel’s session this week that telehealth has been a novel service but due to COVID-19 has become a standard of care that will survive and thrive post-pandemic.

Dr. Peterson, I know you’ve had some interaction with this. What has been your experience with telehealth and the pandemic and what do you predict its role will be in a post-COVID world?

T.P.: I do not think we will ever go back completely to what may have been “normal” in health care, and I think telehealth will play an ever-increasing role. And even if it is not required for a public health concern like a pandemic, I think it will be a convenience issue and a means of staying in better touch with patients who have chronic conditions. I think telehealth will have sensors that will more effectively record and monitor people’s data, so that they do not have to come into an office. We’ll have parts of our health care system monitoring that data and making adjustments to patient’s therapy.

N.A.: Before we wrap up, Dr. Peterson, would you like to offer any closing comments or advice to our audience?

T.P.: First, I would like to thank all of you for taking your time, one of your more valuable commodities in this pandemic, and devoting it to self-improvement and interacting with our staff and faculty. Recently I heard alarming statistics about health care workers experiencing significant emotional stress and even symptoms of depression and anxiety. But the telling statistic, for me, was that 61% of the respondents said they felt an increased sense of purpose delivering health care during this pandemic. You are all in a field that has the privilege to impact lives in greater detail, greater confidentiality and intimacy, than most other people will ever experience. Take that advantage and make those impacts positive. Second, you are doing a great job with your patients and don’t forget they are the reason and the end of the equation. But also I urge you to use your staff meetings to take the temperature of the emotional well-being of your staff and yourselves. Be open about getting help if you feel you need it. Please be sure to take advantage of available resources.

N.A. Thank you for sharing your thoughts, Dr. Peterson. On behalf of the AAAHC, I would like to toast to better times, a successful, expeditious and safe vaccine, and FACING THE FUTURE TOGETHER...1095 STRONG! ▲
As we lean into the COVID-19 New Normal, we recognize the important role technology plays in this environment.

We continue to invest significantly in design and development of our new Accreditation Management System (AMS). With this system, we will drive client engagement throughout the 1,095 days of the accreditation cycle. This philosophy of ensuring quality compliance every day is the driving force in our system design. Importantly, your patients want you ready, not just when the surveyor shows up, but every day of operation.

Our designs give intense consideration to how you and your team will interact with AAAHC and how AAAHC can efficiently and accurately provide you with the information you need to drive ongoing compliance every day.

At this time, we are looking to a Q1 2022 launch for our AMS. Stay tuned for updates throughout the new year.

AAAHC Quality Institute Launches New Emergency Preparedness Benchmarking Study

A new year is upon us and that means new beginnings. In that spirit, AAAHC is pleased to announce a new benchmarking study, Emergency Preparedness, for 2021. The study is designed to gather information on your organization (e.g., type of facility, patient volume, emergency preparedness policies and procedures, policies related to: staff training, patient evacuation, frequency of drills, and, awareness of and coordination with community emergency resources). You will also complete one Emergency Drill Specific survey on type of most recent drill:

- method used to conduct the drill
- documentation of the role of drill participants
- equipment used
- drill evaluation and corrective action
- other key aspects of emergency preparedness


Our Standards Development Committee is also looking at potential Standards revisions driven by COVID-19. Beyond the obvious infection prevention/control area, we are also looking at the reality that telemedicine is becoming more a standard of care delivery vs. a specialty service.

Last but not least, as we make adjustments—some big, some behind the scenes—we recognize the critical importance of clear, transparent and timely communication with you. So count on hearing more from us moving forward.

None of us know what the future will hold. However, we do know that the need for ensuring quality patient care has never been more important. AAAHC stands with all of our accredited organizations through these challenging times. ▲

**Registration is open for 2021 AAAHC Institute benchmarking studies. Here’s how it works:**

- AAAHC Institute supplies organizations with study materials, a confidential ID number to protect data, and easy to follow instructions.

- Organizations complete one organizational information survey form and a minimum of 15–35 uncomplicated, complete, unique cases for surgical/procedural studies, Allergy Documentation, Medication Reconciliation, and Safe Injection Practices studies. The Emergency Preparedness study requires completion of one organizational information survey form and one Emergency Drill (ED) specific survey form.

- The Institute cleans and analyzes the data and provides a detailed report comparing results by organizational setting.

**Current study topics:**

**January–June**
- Emergency Preparedness **NEW for 2021**
- Allergy Documentation
- Medication Reconciliation
- Safe Injection Practices
- Colonoscopy

**July–December**
- Emergency Preparedness **NEW for 2021**
- Allergy Documentation
- Medication Reconciliation
- Safe Injection Practices
- Cataract with Lens Insertion

For more details and to register, visit aaahc.org/institute/benchmarking. ▲
Virtual Achieving Accreditation Slated for March

This March, AAAHC continues its highly successful virtual Achieving Accreditation (AA) conference. Join us March 15–17 for a selection of informative and educational presentations covering a variety of topics tailored to the needs of primary care and surgical/procedural organizations. Past sessions have included:

- Strengthening your quality improvement journey
- Core and adjunct standards
- Preparing for your accreditation survey
- Understanding Life Safety Codes
- Keynotes, special topics, and engaging virtual activities

Scheduled activities feature opportunities to connect with Accreditation Services team members and visit virtual booths that are targeted to primary care or ambulatory surgery and procedural centers. Ongoing engagement and survey readiness to support AAAHC’s 1095 Strong, quality every day philosophy is the driving force behind AA. Additionally, the conference will offer attendees the opportunity to virtually meet one-on-one with faculty and peers, promoting greater information transfer and networking opportunities.

For details and registration, visit aaahc.org/education/seminar-achieving-accreditation

AAAHC Receives Accreditation from International Society

AAAHC was recently awarded a 4-year accreditation for its health care Standards from the International Society for Quality in Health Care’s (ISQua) External Evaluation Association (IEEA) International Accreditation Programme (IAP).

Launched in 1999, the IEEA IAP is a rigorous assessment process that reviews existing accreditation standards and processes to confirm they meet international industry requirements for patient safety and ongoing quality improvement.