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Conferences & Exhibits

American Medical Group Association (AMGA)

Mar 28–31

Association of periOperative Registered Nurses (AORN)

Apr 1–4

Ambulatory Surgery Center Association (ASCA)

May 17–20

1095 Learn

Achieving Accreditation Jun 22–23 Chicago, IL

Join us in Chicago this summer to learn about the accreditation journey or to refresh your memory for an upcoming survey. All attendees will come away with new understanding, fresh perspectives, and the feeling of time well spent.

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Spring into v42 Standards

As we welcome spring, AAAHC would like to remind organizations that with the new season also comes our NEWEST version of our AMB and MDS Standards! Effective Mar 1, 2023, organizations will be surveyed to the v42 Standards for Ambulatory Accreditation and Medicare Deemed Status Accreditation.

AAAHC wants to ensure that our clients are prepared to meet the expectations for a successful survey and encourages facilities to “spring” right into the newest Standards updates.

The new v42 Standards updates include:

- The introduction of new terminology and Standards architecture
- Realignment of Standards for removal of redundancies
- Improved clarity of requirements across AAAHC Accreditation and Certification programs
- Implementation of a crosswalk identifying changes from the previous version
- Revised and NEW requirements in the following key areas:
 - Quality of care provided (Ch. 4) — Requirement revision to procedures for managing medical emergencies and unplanned outcomes for which transfer to a higher level of care is indicated to evaluate and stabilize the patient
 - Infection prevention and control and safety (Ch. 7, Subchapter I) — Written policies and procedures for patients with communicable diseases require appropriate referral of care
 - Anesthesia care services (Ch. 9) — NEW requirement: Immediately before surgery, a physician or anesthesiologist on the surgical team examines the patient to evaluate risk of anesthesia
 - Surgical and related services (Ch. 10) — NEW requirement for pre-procedure evaluation of patient procedure risk
 - Surgical and related services (Ch. 10) — Revised requirement for a policy to define the timeline for completion of medical history and physical examination prior to surgery
- Revised References/Notes section to include applicability and provide clarity to the Standard.

We encourage organizations to reference these new and revised Standards as a guiding resource for your accreditation journey and to allow your organization to perform target and continuous assessments of your practices throughout the 1,095 days of your accreditation cycle.

You may learn more about the revised requirements for Anesthesia and Surgical Services in the Q&A article that follows.

v42 Standards Q&A Series, Part II

In our second round of Q&A coverage, we address the combined topics of Surgical and Anesthesia Care Services.

What procedures require post operative phone calls?

AAAHC Advanced Orthopaedic Certification Standards require evidence of post operative calls. All other, AAAHC Standards are not prescriptive related to post operative phone calls although organizations may want to consider using the data collected from these calls as quality indicators.

How long does an RN need to be in the operating room during the time of surgery?

AAAHC Standards require written policies regarding the procedures and treatments offered to patients. Specifically, the written policies address staffing requirements to ensure that registered nurse(s) or other health care professionals assisting in the provision of surgical services are available in sufficient numbers for the surgical care provided. Although AAAHC is not prescriptive regarding "sufficient numbers," organizations are encouraged to seek out current best practices and recommendations from relevant professional organizations.

How does the medical history and physical examination prior to surgery need to be defined in a policy?

AAAHC Standards require organizations to develop and maintain a policy regarding the requirement for medical history and physical examination prior to surgery. The written policy must include the requirement and timeframe for completion of a medical history and physical examination prior to surgery.

What elements of a history and physical assessment need to be completed and documented in the clinical record?

The organization determines the elements of a history and physical assessment based on best practice guidelines. AAAHC will survey the organization for its compliance with completion of the history and physical.

What are the required elements of a documented pre-anesthesia assessment/evaluation?

AAAHC Standards are not prescriptive regarding the required elements of the pre-anesthesia assessment/evaluation. The organization determines the elements of a pre-anesthesia assessment/evaluation based on best practice guidelines.

Who can examine the patient to evaluate the risk of anesthesia immediately before surgery?

AAAHC Standards require a physician or anesthesiologist on the surgical team examines the patient to evaluate the risk of anesthesia immediately before surgery.

Who can perform a pre-procedure evaluation of patient procedure risk?

AAAHC Standards require that a physician on the surgical team must examine the patient to evaluate the risk of the procedure being performed immediately before surgery.

Who can accompany a patient upon discharge?

AAAHC Standards require that the clinic record reflects that the patient was discharged in the company of a responsible adult unless exempted.

AAAHC will survey organizations to their policies and procedures and according to current best practice guidelines, in compliance with manufactures instructions for use and federal, state, and local laws and regulations.