

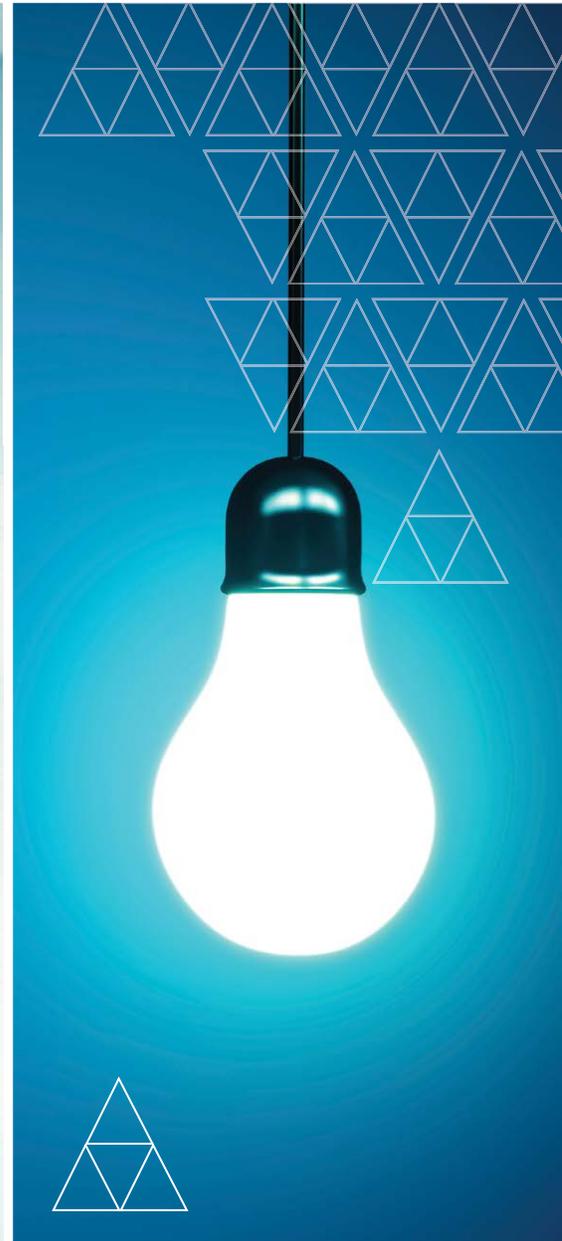
# **triangle**times

Volume 2 | Issue 1 | Winter 2015

## Lighten Up

The winter solstice is behind us and our resolutions are fresh. As we look toward a bright new year, AAAHC is contributing by shining a light on how accreditation builds capability in health care organizations.

The learning activities embedded in our accreditation process, and those we develop as additional resources for performance improvement, are an important focus for us this year.



### GENERAL LIGHTING

Peer-to-peer learning is an essential part of every survey experience. Our surveyors are on-site not only (and perhaps not even mainly) to assess compliance with AAAHC Standards. We “do” accreditation face-to-face to promote relationships that

center on sharing knowledge and relevant experience. Every survey experience should leave an organization with resources that it can use to grow more efficient and more effective.

*continued on page 3*

## A letter from the President & CEO

It's bittersweet, this final letter in the AAAHC newsletter. Soon I'll be preparing to pass the reins as a new leader joins AAAHC this summer. So this is my last opportunity to use this vehicle to share my pride in the organization I've been with for longer than any other in my career.

When I joined AAAHC in 1997, we had a staff of ten, and, as in many non-profits both new and established, each of us wore many hats. I spent time speaking with representatives of many national organizations and state government groups, making more than a few trips to Washington, building staff in Skokie, and, all the while, assessing the trends in health care to draw a blueprint for future growth.

Now, 18 years later, we are a staff of over 65 and a much larger organization with multiple subsidiaries (the AAAHC Institute for Quality Improvement,

the Accreditation Association for Hospitals/Health Systems, Healthcare Consultants International) and an international reach Acreditas Global. I am a little farther from the trenches, though I continue to do many of the things I did in the beginning. Some of the audiences are different, but the message is the same—we can improve health care through accreditation. The challenges and complexity of the industry have increased, but AAAHC and its sister organizations and subsidiaries have grown stronger, too, and are stronger poised to move forward.

I believe AAAHC has a great deal more to contribute. I am grateful for having had the experience of guiding a solid and growing organization for these 18 years and I look forward, with confidence, to watching how The Accreditation Association as a



John E. Burke, PhD

whole, and AAAHC as a specific part of it, adapts to the inevitable changes ahead. ▲

### January 2015

■ = education ■ = outreach ■ = deadlines

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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
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### February 2015

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### March 2015

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22	23	24	25	26	27	28
29	30	31				

#### January

*Triangle Times* published  
*Connection* distributed

**14-17** American Academy of Cosmetic Surgery Scientific Sessions, New Orleans (conference exhibit)

**22-23** 12th Congress on on-Site Employee Health Clinics, Las Vegas (conference exhibit)

#### February

**11-14** American Academy of Dental Group Practice, Las Vegas (conference exhibit)

#### March

*Connection* distributed  
2015 *Handbooks* released

**4-7** Southern College Health Association, Charlotte (presentation and conference exhibit)

**8-10** Assn. of periOperative Registered Nurses, Denver (presentation and exhibit)

**18-22** Nat'l. Assn. of Community Health Centers (NACHC) Policy & Issues Forum, Washington (conference exhibit)

**20-21** *Achieving Accreditation*, Orlando

**23-25** Medical Home Summit, Philadelphia (presentation and exhibit)

**29-31** MGMA Business of Care Delivery, Austin (exhibit)

**Lighten Up, continued from page 1**

And about that compliance piece...Education is also embedded within the Standards. For example, when we delineate a list of governing body responsibilities, the intent is to instill a sense of purposeful leadership in an organization. The lists exists to provide a framework for effective, meaningful governance, including a feedback loop that ensures that policies are reviewed and renewed to remain relevant and appropriate.

Another example of embedded education is the requirement for a multi-faceted QI program. Here, the intention is to maximize the engagement of personnel across functional roles (both administrative and clinical), in creating a culture of improvement. A robust QI program addresses a broad range of topics. Many are derived from risk management analysis and have a clinical focus, but others can and should address

are already collecting, and discern whether it should remain a monitoring activity, or if and how it can be the source of meaningful improvement.

If you're new to QI, you'll have a template for finding topics at the ready in your organization and you'll see the way forward. If you're an old hand at QI, the toolkit will be a resource for choosing among competing priorities, for teaching others, and for recruiting quality champions.

Finally, we'll be "Illuminating the Process" with electives that go in-depth in topics of interest. If yours is a Medicare or Medical Home organization, or if you're a first-timer, you'll be able to create a well-lit path for yourself, getting your specific questions answered as you go.

**To assess quality, you measure, analyze, set a goal, and take action to close the gap (if any) between where you are and where you want to be.**

business operations; for example, cost trends in purchasing. To assess quality, you measure, analyze, set a goal, and take action to close the gap (if any) between where you are and where you want to be. Through our quality Standards, we develop the capabilities of the organization—the very definition of education.

These are ways that education is integrated in our accreditation process, but a survey experience is not the only bright, well-lit space for learning in 2015.

**TASK LIGHTING**

The center of our education program for organizations is our two-day seminar, *Achieving Accreditation*. This year, the rhythm of *Achieving Accreditation* is changing. We're moving from four annual dates to three: March 20-21, June 12-13, and December 4-5. And each offering will be organized in three distinct parts: Illuminating the Standards, Illuminating Quality Improvement, and Illuminating the Process.

We'll be "Illuminating the Standards" by walking through the core requirements. First-time attendees (whether from organizations new to accreditation, or those newly charged with supporting/maintaining accreditation) will use this as a primer for what is expected of an accreditable organization. Renewing attendees can use it as a seminar to refresh their basic knowledge and deepen their ability to make the Standards work for their organization, rather than the other way around.

We'll be "Illuminating Quality Improvement" with a new toolkit designed to train participants to evaluate data their organizations

**ACCENT LIGHTING**

Other capacity-building opportunities are coming. Webinars for 2015 will be announced in the coming month; new tools from the AAAHC Institute are also in the works. Our electronic newsletter,

*Connection*, is gaining momentum as a resource as it explores a single topic in each bi-monthly issue. Our social media communications range from fun images of what is happening in our office (we celebrate at the drop of a hat), to opinion pieces, to discussion groups.

Watch for upcoming articles on peer organizations that inspire. Yours could be one of them! Share a program or a good idea with others. Throw the switch and get involved! ▲



**Achieving Accreditation, March 2015**

*Shining a light* is the theme for the 2015 seminars. Designed in

three parts, the program illuminates the Standards, illuminates QI, and illuminates the survey process. In addition, attendees connect with others in similar practice settings to share best practices and build relationships.

Orlando (Disney) in March is a no-brainer! Get a great location at a great rate. Learn with us and make it a vacation! Find more information and register at [www.aaahc.org/education](http://www.aaahc.org/education). ▲



# New look for the “Medicare Handbook”

Here in the AAAHC office, the *Handbooks* are referred to by nicknames. There’s “Medicare,” “non-Medicare,” “OBS,” “Health Plans,” and “Medical Home.” At *Achieving Accreditation*, we hand out “the white book” (Medicare) or “the blue book” (non-Medicare).

For 2015, it’s still a white binder, and we’ll still call it “Medicare” for short, but there’s a lot that’s new in the *Accreditation Handbook for Medicare Deemed Status Surveys*. To begin, the Medicare Deemed Status Program is finally getting a publication that truly reflects the nature of the seamless integration of accreditation Standards with Medicare Conditions for Coverage. For years now, the two sets of components have been published as related but distinct requirements within the “Medicare” book. Going forward, there is no more crosswalk to identify cognates, no more AAAHC Standards pre-checked as “N/A,” no more segregated CfCs in blue ink.

“Now, for those Standards that are equivalent in intent to a Medicare requirement, we’ve directly adopted the CMS language, but for ease of use, we’ve retained our own chapter titles as the ordering principle.”

“We’re really happy to have finally arrived at an accurate presentation of this as a complete program for ASCs,” said Michon Villanueva, Director, Accreditation Services.

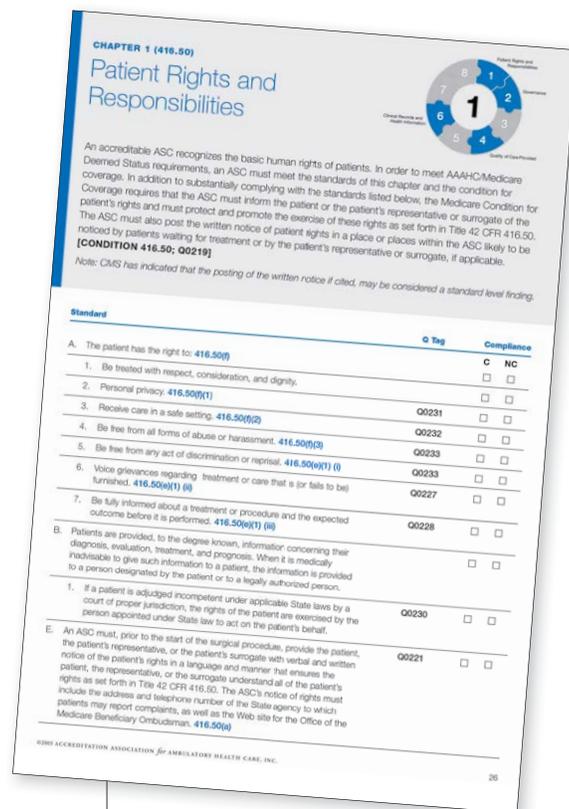
“For the past few years, we’ve tried different ways to show equivalence between an accreditation Standard and a CfC. That created a lot of redundancy and required explanation with notes and footnotes whenever a Standard would not be assessed because a CfC approached the same requirement from a different perspective.

“Now, for those Standards that are equivalent in intent to a Medicare requirement, we’ve directly adopted the CMS language, but for ease of use, we’ve retained our own chapter titles as the ordering principle.”

One of the goals of the new layout is that staff working in ASCs in the Deemed Status Program will find the new book more intuitively organized. Rather than flipping back and forth within a single chapter, the accreditation Standards and the Conditions for Coverage flow in a logical sequence. CfC numbers are included in brackets at the end of each Standard and there’s an added column for Q- or K-tags for those who like to reference requirements that way.

Medicare-certified ASCs that do not participate in the Deemed Status Program should not use this Handbook.

“Some Medicare-certified ASCs that use state Medicare inspections rather than a single survey through AAAHC have chosen the Medicare book in the past because it was a way of keeping the Standards and the key elements of the CMS SOM [State Operations Manual] in one document,” explained Mary Wei, Assistant Director, Accreditation Services.



“Going forward, they should opt for the ‘non-Medicare’ *Accreditation Handbook* instead because the policies and procedures differ significantly if they are not undergoing a deemed status survey and their survey report will reflect the Standard identifiers in this book with the associated consultative comments that organizations find so valuable.”

As in past years, the primary contact for each accredited organization will be sent a code to download a free electronic copy of the *Handbook* relevant to their facility in late February or early March. Print copies are available for pre-order now. ▲

Medicare-certified ASCs that do not participate in the Deemed Status Program should not use this Handbook.

# Standard Bearer: Standard 6.F

An accreditable organization maintains complete, comprehensive, legible, accurate clinical records that permit providers to efficiently access information that supports high-quality care for each patient. Standard 6.F reflects one category of information that can be critically important to patient safety.

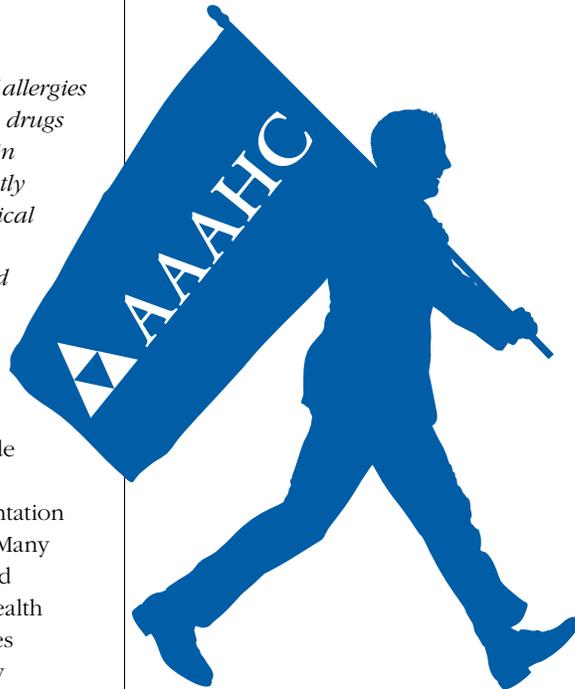
## STANDARD 6.F

6.F *The presence or absence of allergies and untoward reactions to drugs and materials is recorded in a prominent and consistently defined location in all clinical records. This is verified at each patient encounter and updated whenever new allergies or sensitivities are identified.*

## INTENT OF THE STANDARD

Each clinical record will include multiple instances of patient identifiers along with documentation of each individual encounter. Many of these elements are described by the Clinical Records and Health Information Standards. Allergies and sensitivities are sufficiently

important to patient safety to warrant an independent Standard and the frequency of partial compliance with this Standard indicates an on-going patient safety risk.



## HINTS FOR MEETING STANDARD 6.F

Electronic health records have largely eliminated past compliance issues with the location of allergy and sensitivity notations in patient charts. Despite this, Standard 6.F is frequently rated partially compliant (PC) by surveyors who note:

- Failure to verify/update allergies at each visit.
- Failure to list reactions.
- Exclusive reliance on NKDA (no known drug allergies) notations without reference to other types of sensitivities.

Patients may understand the term “allergies” differently than health care professionals. Ask for a description of any known reaction and enter “unknown” if the patient cannot provide this. You and your surveyor will know that the required attempt at assessment was made.

You can conduct your own random chart audits to confirm that your organization is meeting this important patient safety Standard. ▲

## Welcome to our newly accredited organizations

Congratulations to the new organizations accredited between October 1 and December 31, 2014.

### ARIZONA

Surgery Center of Scottsdale, LLC

### CALIFORNIA

A&C Surgery Center, LLC

Atlantic Surgical Center

Colton CA Multispecialty

Kerlan-Jobe Surgery Center, LLC

Sansum Clinic

University of California, Los Angeles (UCLA)

### COLORADO

Aesthetic Physicians of Colorado PC - Sono Bello Denver

The Orthopaedic and Spine Center of Southern Colorado, LLC

Vail Valley Surgery Center-Edwards

Vail Valley Surgery Center-Vail

### CONNECTICUT

Western Connecticut Orthopedic Surgical Center, LLC

### FLORIDA

BioSpine

National Surgical Centers of America, LLC

### GEORGIA

Surgery Center of Atlanta, LLC

### INDIANA

Surgery Center of Eye Specialists of Indiana, PC

### LOUISIANA

Novamed Surgical Center of Baton Rouge

### MINNESOTA

Minnesota Valley Surgery Center, LLC

### MISSOURI

CSA Surgical Center, LLC

Facial Aesthetic and Laser Centre

### MISSISSIPPI

Mississippi Surgical Center

### MONTANA

Options Women's Clinic

### NORTH CAROLINA

Charles W. Monteith, MD PA

### NEW JERSEY

Advanced Gastroenterology of Bergen County, P.A.

St Francis for Digestive Disease

Two Rivers Surgery Center, LLC

### NEVADA

Las Vegas Urology LLP

Warm Springs Surgical Center, PLLC

### NEW YORK

Dr. R. G. Geronemus, MD, PC

### PENNSYLVANIA

Family Practice Center, PC

Monroeville Ambulatory Surgery Center, LLC

Wills Eye Hospital

### TEXAS

Ambulatory Surgery Center of Killeen, LLC

Frisco Ambulatory Surgery Center

Hurst Ambulatory Surgery Center, LLC

Lone Star Endoscopy Center, LLC

### WASHINGTON

Seattle Skin Cancer Center, PLLC

# Meet the AAAHC Staff



**ANN CARRERA**  
STAFF ATTORNEY, LEGISLATIVE AFFAIRS/HR

Three years ago, Ann Carrera was doing legal consulting for a real estate development firm and looking for an opportunity more closely related to her academic interests in public policy and human services. A new industry meant starting over, in a way, but she was still excited when she saw a posting for a legal internship with AAAHC.

“Health care was something entirely new for me but I did my research on the company and was especially intrigued by the fact that AAAHC was the accreditor for the U.S. Air Force,” she said.

“My husband was stationed at Nellis Air Force Base, serving as a SERE [Survival, Evasion, Resistance, Escape] Instructor following a deployment to Afghanistan. This internship was a chance for me to work on the quality of life issues that matter to me, in a company that had a direct impact on my own family.” After a brief internship, Ann was offered permanent employment

as Staff Attorney, a role in which she continues to thrive.

“There’s no such thing as a typical day,” she enthused. “What I love about the law is that it allows me to be constantly researching and learning new things. On any given day, I’m reviewing contracts, analyzing healthcare statutes and pending legislation, interacting with Marketing, with Finance, with Accreditation Services, or addressing corporate legal issues.”

Ann has spearheaded our pro-active entry into state government relations by researching and recommending that we engage Gordon Thomas Honeywell Government Affairs (GTH), a consulting relationship that has been on-going for the past 18 months.

“Because we operate in all 50 states, it’s important that we stay abreast of legislative developments in all of them. We’re not lobbying in the sense of trying to drive requirements for accreditation, but we are addressing competitive issues. If a bill or rule related to our business interests comes up in a particular state, and if it is naming accreditors, we want to be sure that AAAHC is included.

“We’ve developed a great working relationship with GTH and have been successful in gaining significantly increased awareness of AAAHC among

state legislators. We are currently involved in introducing bills in eight states to recognize AAAHC as an accreditor for health plans. Arizona has already added AAAHC under this initiative.

“We’ve done the same kind of awareness-building for Medical Home recognition, with various programs in Illinois, New Mexico, and Montana as recent achievements.”

“Health care was something entirely new for me but I did my research on the company and was especially intrigued by the fact that AAAHC was the accreditor for the U.S. Air Force”

When Ann is not providing legal support to AAAHC, you might find her singing at an open mic night.

“I haven’t had a lot of time for music lately,” she admits, “but in the past, I’ve performed in the Chicago area and in Nashville. While Dave [her husband and a fellow musician] was in Afghanistan, we’d write songs together over Skype. It was a creative way to process the stress of being apart.”

This creative gene has been inherited by Ann’s 11 year old daughter as well, a budding animator currently working on creating short films.

Although the skills of a legislative attorney and a singer-songwriter may seem wildly divergent, Ann sees them both as ways to create opportunities for people to connect.

“I especially like to learn about people, to discover the relationships I can make.” ▲

## Have you had your *lightbulb moment* yet?

We’re Illuminating QI at *Achieving Accreditation* this year. Join us for a focus on what quality improvement can look like in your practice setting.



## New Handbooks scheduled for March release

Accredited organizations are eligible to receive an electronic copy of the relevant *Accreditation Handbook* free of charge for a three-month window each year. We send an e-mail to the individual that you have identified as your organization's primary contact with instructions and a discount code

to use at [www.aaahc.org](http://www.aaahc.org). The code expires on June 1. If your primary contact has changed, NOW IS THE TIME to update that information.

Send contact information changes on facility letterhead, signed by your organization's Administrator or Chief Medical Officer via e-mail, fax, or mail as follows:

**E-mail:** [notify@aaahc.org](mailto:notify@aaahc.org)

**FAX:** 847.853-9028

**Mail:** AAAHC Accreditation Services,  
5250 Old Orchard Road, Suite 200,  
Skokie, IL 60077

Notice of a change should include the name of the new Primary Contact, his/her job title, phone number, and e-mail address.

If you have NOT received an e-mail with a code by March 7, 2015, please contact Angela FitzSimmons at [afitzsimmons@aaahc.org](mailto:afitzsimmons@aaahc.org).

## AAAHC by the numbers

**271** Attendees at  
the December  
2014 *Achieving  
Accreditation* seminar in Las Vegas

AAAHC Institute  
Patient Safety Toolkits  
downloaded July-  
December 2014

**1835**

**840** Registrants for our  
webinar on Emergency  
Drills

States in which bills  
including AAAHC  
accreditation for health  
plans are pending

**8**

**3** Opportunities to attend  
*Achieving Accreditation*  
in 2015

### In this issue:

Lighten Up  
New look for Medicare Deemed Status Handbook  
Standard Bearer: G.F  
Staff profile: Ann Carrera

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