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.

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

John E. Burke, PhD
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 exist 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 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.

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.

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KERSCHNER AWARD WINNERS
The 2014 Bernard A. Kerschner Awards were presented at Achieving Accreditation in Las Vegas in December.

12.06.14

The St. Lucie Surgery Center in Fort Pierce, Fla. won in the surgical/procedural category for their study on, Reducing Postoperative ER Visits for Urinary Retention.

In the primary care category, the winner was North Carolina State University (NCSU) Student Health Services (SHS). Their winning study is titled, Improving HPV Counseling in College Age Males during Physicals.

Following the award presentations, the winning teams discussed their results with attendees using large scale posters displaying their studies.

Alyson Covington, RN-BSN, Professional Nurse and Rattiya Amy Wongsampigoon, MSN, ANP-BC, Adult Nurse Practitioner of North Carolina State University Student Heath Services hold their award.

BENCHMARKING OPPORTUNITIES AVAILABLE
Benchmarking studies covering the six-months from January to June are open for registration. As long as you can collect and enter data on 15 to 25 routine cases, you can participate.

AAAHC-accredited organizations are eligible to participate free of charge in one six-month benchmarking study during a three year term of accreditation. Check your most recent decision letter for the discount code if you haven’t already taken advantage of this opportunity.

Current studies include:
• Cataract Extraction with Lens Insertion
• Colonoscopy
• EGD
• Knee Arthroscopy with Meniscectomy
• Pain Management - Low Back Injection
• Primary/Specialty Non-Surgical Care
• Shoulder Arthroscopy
• Surgical/Procedural Services Study

Go to aaahc.org/institute for more information.

AENEID REPORT RELEASED
The second annual report on Standards deficiencies based on surveys conducted over a one-year period was published in November. The AENEID Report for 2014 identifies Standards that were most frequently rated PC (partially compliant) or NC (Non-compliant) during on-site surveys against 2013 Standards.

The report was mailed to accredited organizations. It is also available to download at www.aaahc.org/institute/AENEID-Report.
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.

“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.

“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.

“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.”

“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.
Welcome to our newly accredited organizations

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

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<td>Options Women’s Clinic</td>
<td>Charles W. Monteth, MD PA</td>
<td>Advanced Gastroenterology of Bergen</td>
<td>Family Practice Center, PC</td>
<td>Ambulatory Surgery Center of Killeen,</td>
<td>Las Vegas Urology LLP</td>
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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.

STANDARD 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.

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.
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, Escapel] 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.

“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.”

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.

“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.”

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.” ▲
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. 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
FAX: 847.853-9028

AAAHC by the numbers

- Attendees at the December 2014 Achieving Accreditation seminar in Las Vegas: 271
- AAAHC Institute Patient Safety Toolkits downloaded July-December 2014: 1835
- Registrants for our webinar on Emergency Drills: 840
- States in which bills including AAAHC accreditation for health plans are pending: 8
- Opportunities to attend Achieving Accreditation in 2015: 3

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.

Alert profile: Ann Carrera
Standard bearer: G.F.
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