In Memoriam: Dr. John E. Burke

AAAHC is saddened to announce the passing of former AAAHC president and CEO, Dr. John E. Burke. Dr. Burke retired in June 2015, after 18 years with AAAHC and, over the course of his career, more than 40 years’ experience in healthcare. On the eve of his retirement, the AAAHC Board of Directors recognized Dr. Burke for his work, dedication, and commitment to the organization. Today TCC employs 950 people with an average operating budget of $155 million. During the 2012 construction of the new CAIHC, cultural items and earth from the villages served by the facility were brought and incorporated into the building and its grounds. This goes to the heart of the organization’s inclusiveness: everyone is welcome; everyone is invested; everyone “owns” the facility.

In the latter half of the twentieth century, Alaska became a state (1959), and in 1962, at a meeting of 32 surrounding villages in Tanana, Dena’ N Fut’aa’ Nis went to the place where two rivers meet, was an important point of contact between Native tribes and settlers, a crossing of cultures that also brought conflict. Land disputes erupted between settlers and Natives over the deeding and ownership of hills, streambeds, and rivers, land that, for the tribes, had been traditionally open and free.

New look for 2018 Standards

The next edition of the Accreditation Handbook for Ambulatory Health Care— the version of our handbook that is used by all organizations except ASCs that participate in the Medicare Deemed Status program—will present the AAAHC Standards with a different look. While there are only minimal changes to the content of the Standards, they have all been redrafted to reflect a bigger picture view followed by a set of descriptors or “elements of compliance” that reflect specific, yes-no decision points. These elements of compliance should provide for a closer alignment between an organization’s self-assessment and that of an on-site surveyor.

For example, Chapter 1, Patient Rights and Responsibilities, intends to emphasize patient-centeredness as essential to an accreditation organization. The current handbook reads:

1. Patients are treated with respect, consideration, and dignity.

The next four Standards, 1.B-E, address personal privacy, provider-patient communication, patient engagement, and shared decision-making. For 2018, Standard 1.A has not changed, but Standards 1.B, C, D, and E will become the “elements of compliance” that serve to describe what we intend by “respect, consideration, and dignity.”

Spotlight on: Tanana Chiefs Conference

For over 10,000 years, an indigenous, nomadic people have hunted, trapped, and fished the 45 million acres—roughly 31% of Alaska—that the Tanana Chiefs Conference (TCC) now serves. The story of these tribes attests to a spirit of self-determination, perseverance, and commitment to community in a richly resourced, but harsh and isolated environment.

BEGINNINGS

In 1741, the Russian Empire conquered a small area of Alaska intending to colonize it. More than a century later those efforts were abandoned and Russia sold its territorial claim to the United States. While no local Native tribes or chiefs were consulted during the negotiations, the 1867 sales agreement included language requiring the U.S. to settle land claims of the indigenous people:

Once the U.S. took ownership of the land, the area began to see an influx of non-Native settlers, in part, due to a local gold strike. Tanana, meaning “the place where two rivers meet,” was an important point of contact between Native tribes and settlers, a crossing of cultures that also brought conflict. Land disputes erupted between settlers and Natives over the deeding and ownership of hills, streambeds, and rivers, land that, for the tribes, had been traditionally open and free.

FORMATION OF TCC

During the 2012 construction of the new CAIHC, cultural items and earth from the villages served by the facility were brought and incorporated into the building and its grounds. This goes to the heart of the organization’s inclusiveness: everyone is welcome; everyone is invested; everyone “owns” the facility.

New Standards: 1.B-E

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Standard Bearer

Standard 5.1.C is the infamous “quality improvement study Standard.” Its 10 elements are the components of an ongoing cycle of improvement.

Surveyor spotlight

“Understanding the rigor that an accredited center has had to meet or exceed in order to achieve that accreditation makes me feel more comfortable as a health care consumer when seeking care for myself or others.”
Standard 5.I.C.10 Communication of QI results

In Memoriam: Dr. John E. Burke, continued from page 1

retirement, Dr. Burke reflected on his tenure at AAHC, saying, “It has been an incredible privilege to serve an organization with so many talented people who are all committed to the same mission.”

As an undergraduate, Dr. Burke double majored in communications and political science. While studying for a doctorate, he took a job at a local television station. However, his focus shifted from broadcast communications when he was appointed head of the Department of Medical Communications within the School of Allied Medical Professionals at The Ohio State University. As he observed in a 2014 interview, “from that point to this, I’ve worked at the intersection of communications and health care.”

Dr. Burke earned his MFA from Ohio University in 1966 and his PhD from The Ohio State University in 1971. He later worked in the College of Associated Health Professions at the University of Illinois at Chicago as an associate dean and health care.”

Under Dr. Burke’s leadership, AAHC grew significantly and experienced tremendous financial success. Landmark achievements during his tenure include increasing the number of AAHC-accredited organizations from approximately 600 to 5,000; expanding skilled support staff from eight full-time employees to more than 65; founding the AAHC Institute for Quality Improvement in 1999 to provide opportunities for ambulatory health care organizations to benefit from performance measurement and benchmarking; launching the first Medical Home accreditation program based on on-site review in 2009; establishing of AAHC International (now Acatidis Global) in 2010.

Employees who worked with him over the years remember Dr. Burke as a mentor and friend who encouraged them by emphasizing their strengths and focusing on the positive.

Beyond communications and healthcare, Dr. Burke was a passionate collector. In 2015, he published a memoir, Never Enough: Confessions of a Capricious Collector, a personal and knowledgeable account of his growth as a collector of netsukes, Persian carpets, walking sticks, and antique watches.

Dr. Burke is survived by his wife, Mary Kay, their three children, Elizabeth, John, and CC, and many loving grandchildren and great-grandchildren. ☑
Congratulations to the 116 new organizations accredited by AAAHC between January 1 and June 30, 2017.

Welcome to our newly accredited organizations:

- Advanced Center for Surgery, LLC
- Audubon Ambulatory Surgery Center, LLC
- Affinity Surgery Center, Inc.
- Aditya Verma MD, Inc.
- Advanced Center for Surgery, LLC
- Audubon Ambulatory Surgery Center, LLC
- Affinity Surgery Center, Inc.
- Aditya Verma MD, Inc.
- CONNECTICUT
- Audubon Ambulatory Surgery Center, LLC
- Pacific Ambulatory Surgery Center, LLC
- Pacific Coast Surgical Center, LP
- Palo Alto Medical Foundation for Health Care Research
- Southern California Head & Neck Surgery Center
- Suffor Bay Medical Foundation
- Total Health Surgery Center, LLC
- Universal Care Surgery Center, LLC
- COLORADO
- Audubon Ambulatory Surgery Center, LLC
- Northglene Endoscopy Center, LLC
- Plan de Salud del Valle, Inc.
- CONEENTICUT
- HHIC Hartford Surgery Center, LLC
- Summer Street ASC, LLC
- DISTRICT OF COLUMBIA
- National Postal Mail Handlers Union (health plan)
- Vashon Island Surgery Center, LLC
- Kent Island Surgery Center
- Universal Care Surgery Center, LLC
- COLORADO
- Audubon Ambulatory Surgery Center, LLC
- Northglene Endoscopy Center, LLC
- Plan de Salud del Valle, Inc.
- CONNNECTICUT
- HHIC Hartford Surgery Center, LLC
- Summer Street ASC, LLC
- DISTRICT OF COLUMBIA
- National Postal Mail Handlers Union (health plan)
- Vashon Island Surgery Center, LLC
- Kent Island Surgery Center
- Universal Care Surgery Center, LLC
- FLORIDA
- Advanced Center for Surgery, LLC
- Atlantic Cardiac, LLC
- Balby's Bravo, MD, PA
- Children's Health Alliance, LLC
- Maria E. Mora, MD, PA
- Mariano D. Gibran, MD, Corp
- Miami Surgery Center, LLC
- Nirmala, Inc.
- Orthopedic Surgery Center of Palm Beach County, LLC
- St. Anthony's Physician Surgery Center
- Tinty Surgery Center, LLC
- Voasou Orthopodac Trauma Call Associates, LLC
- GEORGIA
- Beacon of Hope
- Caring Solutions of Central Georgia, Inc. (dba CORE Healthcare for Women of Central Georgia)
- Cossa Procedure Center
- Georgia Skin Cancer Surgery Center
- Midtown Surgery Center
- NASA Surgery Center
- Resurgens East Surgery Center, LLC
- West Paces Surgery Center, LLC
- ILLINOIS
- Advocate Condell Ambulatory Surgery Center, LLC
- Union Health Service, Inc. (health plan)
- INDIANA
- Goan Health Surgery Center, LLC
- Interventional Pain Management, LLC
- UPC Surgery Center, LLC
- KANSAS
- Vargas Face and Skin Center
- KENTUCKY
- Dental SurgiCenter of Louisville, Inc.
- MARYLAND
- ASC Development Company, LLC – Bowie
- ASC Development Company, LLC – Germantown
- ASC Development Company, LLC – Glen Burnie
- ASC Development Company, LLC – Pikesville
- ASC Development Company, LLC – Rockville
- ASC Development Company, LLC – Silver Spring
- ASC Development Company, LLC – Waldorf
- ASC Development Company, LLC – White Marsh
- MASSACHUSETTS
- Manatee Service Unit
- West Suburban Eye Surgery Center, LLC
- MICHIGAN
- DDS-Tapatasy, LLC
- Executive Ambulatory Surgery Center, LLC
- Flint Region ASC
- Genesys Surgery Center, LLC
- Great Lakes Surgery Center, LLC
- Michigan Cosmetic, PC
- MINNESOTA
- Twin Cities Orthopedic Surgery Center
- MISSOURI
- Government Employees Health Association, Inc. (health plan)
- MONTANA
- New Hope Clinic
- NEVADA
- LJS Capobianco, DO, Ltd.
- NEW JERSEY
- Hamilton Surgical Services, PA
- Health Plus Surgery Center, LLC
- Retina Consultants Surgery Center
- The Center for Advanced Oral & Facial Surgery, LLC
- NEW YORK
- CNY Facial Surgery Group, PC
- East 56th Street Medical, PLLC
- Elan B. Singer, MD, PC
- Long Island Digestive Endoscopy Center, LLC
- New Look New Life Cosmetic Surgical Arts PLLC
- Surgery of Tomorrow, LLC
- NORTH CAROLINA
- C Healthcare Associates, Inc.
- Holy Springs Surgery Center, LLC
- Mountain Area Health Education Center, Inc.
- Richmond Digestive Health Endoscopy Center, PA
- OHIO
- Anderson Endoscopy Center, LLC
- New Horizons Surgery Center
- Surgery Center at Corporate Way, LLC
- OREGON
- Dental Service, LLC
- PENNSYLVANIA
- Allegheny Health Network Surgery Center – Bathel Park, LLC
- Ridley Crossings Surgical Center
- West Shore Pain and Spine Institute, LLC
- SOUTH CAROLINA
- Carolinas Ambulatory Surgery, Inc.
- Lucas Facial Plastic & Cosmetic Surgery Center
- Upstate Affiliate Organization
- TENNESSEE
- Surgeons of Southern Hills, Inc.
- TEXAS
- Bluebonnet Surgery Pavilion, LLC
- Cranial Ambulatory Surgery Center, LLC
- FRAID Surgery Center, LLC
- Sawtoga Surgical Center, LLC
- West Gray Center for Special Surgery
- Woodridge Surgical Center, LLC
- VIRGINIA
- Independent Associates, PC
- Radiologic Associates of Fredericksburg
- Reston Endoscopy Center
- WASHINGTON
- Lewis County Community Health Services
- WISCONSIN
- BUCK OF PLOW, LLC
- GUAM
- Calvo's SelectCare underwritten by Tokio Marine Pacific Insurance (health plan)
- PANAMA
- PCABP - AJAC Administered by AXA Assistance (Health plan)
- VIRGIN ISLANDS
- Paradise Surgical, LLC

New look for 2018 Standards, continued from page 1

consideration, and dignity.” Similarly, there are many current Standards that include multiple decision points. When this is the case, it can be challenging to decide whether the presence of some of the parts constitutes “substantial” or “partial” compliance. For 2018, these Standards have been edited into separate elements that can be evaluated more directly as yes (the element is present), no (the element is not present), or NA (the element is not applicable to this organization).

Following each Standard and its elements of compliance, the new handbook will show a chart that defines, based on the number of “yes” answers, whether the Standard can be rated Fully, Substantially, Partially, Minimally, or Non-compliant.

This rating methodology has been in use since 2012 for our health plan accreditation programs where it has proven to increase clarity of intent. We believe our primary care and surgical customers will appreciate this approach as well.

ELIMINATING SURPRISES

By providing more specificity around what AAAHC surveyors will be looking for, there should be few, if any, surprises at the time of an on-site survey, and more confidence within an organization about the outcome of an accreditation or re-accreditation application. We believe that organizations will be better prepared and will appreciate the increased transparency of how they are being evaluated.

Educational programs will use the new Standards as their reference beginning with the September Achieving Accreditation program. They will become effective for surveys beginning on or after March 1, 2018. Information about how to access the new handbook will be provided by email on October 1. Although ASCs in the Medicare Deemed Status program will not see the same changes in the handbook they use—though CMS Conditions for Coverage have always been rated as Compliant or Non-compliant—we do expect to release a revised version of the Accreditation Handbook for Medicare Deemed Status Surveys later this year. ▲
## Calendar

### July 2017

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**Dates**
- Connection published
- Triangle Times published
- Registration open for July-Dec. 2017 benchmarking studies
- Applications open for the Bernard A. Kershner Innovations in Quality Improvement Award ("The Bernies")
- [www.aaahc.org/institute/QI-awards/](http://www.aaahc.org/institute/QI-awards/)

### August 2017

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**Dates**
- National Conference of State Legislators (NCSL) Boston, MA (exhibit)
- American Society for Gastrointestinal Endoscopy (ASGE) Hollywood, CA (exhibit)
- Early Bird registration deadline for September Achieving Accreditation
- National Association of Community Health Centers (NACHC) San Diego, CA (exhibit & speaker)

### September 2017

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**Dates**
- Connection published
- California Ambulatory Surgery Association (CASA) Indian Wells, CA (exhibit & speaker)
- Applications close for the Bernies
- Achieving Accreditation (Washington, DC)
- Benchmarking study reports from January-June 2017 available for purchase
CMS PROPOSES NEW RULE TO MAKE SURVEY REPORTS PUBLIC

AAAHC has written a response to proposed rule changes to 42 CFR §488.5 requiring accreditation organizations (ACOs) to post final accreditation survey reports and acceptable plans of correction (PoCs) for organizations participating in the Medicare deemed status program on the public-facing website maintained by the AO. While AAAHC supports CMS in its initiative to assist consumer decision-making through transparency, we believe the proposal will not support that goal. The significant variation in survey report format across the industry (therefore making researching and comparing ACOS more difficult) will cause confusion among consumers who may not have knowledge and understanding of accreditation or the relationship between accreditation and the Medicare Deemed Status program. AAAHC believes there may be more effective ways to address this concern by engaging a panel of accreditation organizations, experts, and other stakeholders. For the complete response, please go to http://bit.ly/21095T.

Florida passes 24-Hour stays for ASCs

In March, the Florida State Senate passed Bill 145 which extends the amount of time a patient can stay in an ASC. Traditionally, an ASC is defined as a facility, not affiliated with a hospital, that provides elective surgical care—the caveat being that patients must be treated and discharged on the same calendar day. Bill 145 extends an ASC stay for patients to 24 hours. According to proponents of the bill, allowing ASCs to keep patients overnight will help defray costs of procedures. In the current environment, if a patient is unable to be discharged by closing time, that patient must be transported to a hospital, raising the overall cost. Florida’s Agency for Health Care Administration (AHCA), the chief health policy and planning entity for the state, reported between June 2015 and June 2016, freestanding ASC averaged charges ranging from $3,264 to $7,002 and hospital-based ASC outpatient facilities averaged charges ranging from $18,660 to $28,624. Based on this data, the numbers appear to support decreased cost.

ASCs in Florida accredited by AAAHC that begin offering extended hours and 24-hour stay options will be responsible for Standards in Advance Chapter 20, "Overnight Care and Services."

KENTUCKY

AAAHC recognized for Health Plan accreditation in Kentucky

In March, Kentucky Governor, Matt Bevin, signed legislation which named AAAHC as a recognized health plan accreditation organization in the state. The relevant section of the legislation reads, “Nationally recognized accreditation organization” means a private nonprofit entity that sets national utilization review and internal appeal standards and conducts review of insurers, agents, or independent review entities for the purpose of accreditation or certification. Nationally recognized accreditation organizations shall include the Accreditation Association for Ambulatory Health Care (AAAHC).”

“AAAHC believes there may be more effective ways to address this concern.”

Tom Tassone, AAAHC Director of Health Plans, and AAAHC attorney, Ann Carrera, have been leaders in presenting AAAHC as a resource to state legislators dealing with the complexity of health care issues.

Meet the AAAHC staff

For Tammy Fagan, one of the most important components of her role in Accreditation Services is the personal interaction with organizations. Many times, she observes, the caller on the other end of the phone is unfamiliar with the accreditation process. “Maybe the person is a new hire who was just handed this responsibility. They need some assurance,” she says, “that AAAHC and I will be with them every step of the way.” In 2014 Tammy came to AAAHC on a temporary assignment and transitioned to her current position as Application Coordinator serving East Coast ASCs six months later.

“Our customers have a choice of accrediting bodies, and when a potential client calls, I feel we have to quickly demonstrate the benefits of choosing AAAHC. One of the most important parts of my job is the advocacy role, one that says, ‘I am someone you can talk to. I’m on your side.’”

For Tammy, the importance of accreditation from a patient’s perspective comes down to, “am I going to be safe?” From an organization’s perspective, she views AAAHC as providing guidance and consultation to help build their business by offering the highest level of patient care. “The Standards provide a framework,” observes Tammy, “the information that facilities need to provide quality care and operate effectively. They also move organizations from being reactive to proactive. Rather than addressing a problem after it has occurred, the Standards address pitfalls and allow for troubleshooting. If needed to head off any potential issues for the future.”

When Tammy is not calming jittery-answering callers or fielding questions about the application process, she has a range of interests like reading, cooking, and photography. She is one of the founding members of AAAHC Book Club which meets quarterly and is entering its second year of discussing member-selected books. She is also renowned to make a knockout shrimp Veracruzana (see recipe below). The key, she hints, is using all fresh ingredients. Another hobby is bicycling. For the past 12 years, Tammy has participated in the Apple Cedar Century Ride in Traverse City, Michigan. It is an early fall, one-day event spanning 100 miles, that takes riders through small towns and rural backroads. “It is a lovely time of the year and this is not a race. We ride at our leisure without any pressure to complete the entire 100 miles. While we ride, we stop along the way. I always bring my camera and take pictures of the scenery and the people. It’s a time to enjoy the weather and spend the day with close friends.” At AAAHC, Tammy has no time for such a leisurely pace. Her day, from start to finish, is focused on providing customer service to organizations preparing for an accreditation survey. “I know I am the initial contact and help put a human face on the process.”

**TAMMY FAGAN**
APPLICATION COORDINATOR

INGREDIENTS

- 2 teaspoons olive oil
- 1 bay leaf
- 1 medium onion, halved and thinly sliced
- 1 tablespoon jalapeño peppers, seeded and thinly chopped
- 4 cloves of garlic, minced
- 1 pound peeled and deveined shrimp
- 1 large tomato, diced
- 1 cup thinly sliced pitted green olives
- 1 lime cut into wedges
- 1 large avocado, cut into slices

PREPARATION

Heat oil in a large nonstick skillet over medium heat. Add bay leaf and cook for 1 minute. Add onion, jalapenos, and garlic, cook, stirring until softened, about 3 minutes. Stir in shrimp, cover and cook until pink, just cooked through.*** In the winter months my family likes it served over rice. Add 1 cup white rice and cook for 5 minutes. Add onion, jalapenos, and garlic, cook, stirring until softened, about 5 minutes. Stir in shrimp, cover and cook until pink, just cooked through.

***In the winter months my family likes it served over rice. Add 1 cup white rice and cook for 5 minutes. Add onion, jalapenos, and garlic, cook, stirring until softened, about 5 minutes. Stir in shrimp, cover and cook until pink, just cooked through.

**In the winter months my family likes it served over rice.***
Last year, the health system supported 147,000 patient visits, 120,000 of them at CAIHC. The approach to health and wellness is holistic. The center offers a full range of services which include: diabetes care, immunizations, obstetric care, orthopedics, pediatrics, radiology, women’s health, dental, optometry, physical therapy, acupuncture, and internal medicine; among others. As a community resource, the facility also includes a fitness center offering a range of classes, such as yoga and Zumba.

**AAHC and TCC**

Three facilities beneath the umbrella of Dena’ Nena’ Henash—which translates as “Our Land Speaks”—were surveyed in 2016: the Chief Andrew Isaac Health Center, and two sub-regional clinics. Ms. Amber Jordan, who served as the process of preparing for a survey. Accreditation helps our rural clinic staff. Documentation provides consistency in care and clinical care, where, when, and how the patients want and need services.”

“The process of preparing for a survey helps us maintain consistency across the organization. For example, we had a long-standing infection control manual, but it was primarily focused on our large, more urban facility. It just didn’t have much guidance for our rural health staff, who have far more challenging circumstances in their facilities. As part of the preparation process, we reviewed and added significant content to the manual to better serve and guide our rural clinic staff. Documentation provides consistency in care and clinical care, where, when, and how the patients want and need services.”

She adds, “the surveyors were complimentary of our staff and made them comfortable. There was no hand slapping; it was not just people coming in and checking boxes. They were there to really help us improve, where necessary, but were quick to point out the positive as well.”

**GEOGRAPHIC CHALLENGE TO CARE**

Providing healthcare to communities across a vast geographic area presents unique difficulties, especially when some regions are extremely remote. Access and geographic isolation make emergency care difficult. To address these problems, TCC has the Community Health Aide Practitioners Program (CHAP), a program unique to Alaska. There are approximately 550 aides/practitioners in Alaska, who serve as the frontline healthcare providers in over 170 rural Alaska villages. They are trained as providers within a defined scope of practice and work within the guidelines of the Alaska Community Health Aide Practitioner Manual under the license of a physician. The concept is that community health aides, who are employed by tribal healthcare organizations, can assess, diagnose, treat and refer their community members to the medical care they need, in close collaboration with the medical staff at the tribal health organizations in larger hub-communities.

One AAHC surveyor observed, “Their geographic coverage area is 31% of the state of Alaska. They are serving patients who live on interior rivers with access by water only—no roads, trains or landing strips (though in some cases, you can land small planes). There is no electricity or running water in the homes. The organization’s focus on the patient extends far beyond the clinic walls and it does an excellent job of providing care where, when, and how the patients want it and need services.”

**ACCREDITATION AND QUALITY OF CARE**

Beyond the challenges of geography, there are also chronic health issues within the Alaska Native community, including diabetes, heart disease, cancer, and behavioral health issues.
To say that Beverly Primeau has devoted her life to health care is certainly not hyperbole. Her credentials are impressive and her experience and scope vast. Ms. Primeau has been an operating room nurse for over 25 years and is certified both as a registered nurse first assistant (CNAFA) and an ambulatory surgery center administrator (CASC). Additionally, she is a past Vice President of the New Hampshire Ambulatory Surgery Association. During her 11-year tenure, she was involved in the start-up of the Concord Ambulatory Surgery Center and, as the facility's administrator, successfully guided it through four AAAHC surveys.

"Understanding the rigors that an accredited center has had to meet or exceed in order to achieve that accreditation makes me feel more comfortable as a health care consumer when seeking care for myself or others."

Dr. Paul Allen was our AAAHC survey chair, and at the conclusion of the survey told me I'd be a good surveyor. He asked me to consider training for the position, which I did, and I decided to give it a try. Although our previous surveys had all ended successfully, I felt the experience of doing the work of a surveyor would help prepare me for future surveys at our facility and would broaden my credibility as an expert in my field.

The word commitment rings true. Her professional career has been a testament to the pursuit of excellence in health care and is clearly a motivating force in Ms. Primeau’s work as a surveyor for AAAHC. I have been in the surgical services industry for over 25 years and take pride in ensuring the highest standard of care for all patients. Being a surveyor for AAAHC provides me with a two-way street, so to speak, with regard to learning about changes in the industry and sharing those with centers that I survey.

When Ms. Primeau is not traveling the country surveying ASCs or working her full time job, she is active in her roles as wife and as mother of a teenage daughter. "If we aren’t at her soccer games or practices, we enjoy camping, traveling, and playing with our three dogs. I also love to cook." She purchases upwards of 50 pounds of lobster each year that she freezes and uses in her recipes.

Currently she works as the Director of Surgical Services at Elliot Hospital in Manchester, New Hampshire, overseeing inpatient and outpatient surgical services, inpatient and outpatient endoscopy services, a free-standing ASC, and a free-standing endoscopic out-patient department.

Since 2012, Ms. Primeau has been surveying for AAAHC. She learned about the opportunity to survey while working at the Concord Ambulatory Surgery Center.

"Understanding the rigors that an accredited center has had to meet or exceed in order to achieve that accreditation makes me feel more comfortable as a health care consumer when seeking care for myself or others."

Ms. Primeau believes the greatest benefit of AAAHC is its commitment to upholding expectations of the care provided in ASCs to the highest standards of quality and safety. "Understanding the rigors that an accredited center has had to meet or exceed in order to achieve that accreditation makes me feel more comfortable as a health care consumer when seeking care for myself or others.

PRIDE IN LEARNING
Clearly the flame of the AAAHC mission burns brightly in Ms. Primeau. She feels that every center which undertakes the accreditation process has the opportunity either to be very proud of the services they provide or to learn, change, and improve. "It is rewarding for me as a surveyor," she observes, "to see best practices in action or to know that organizations are learning from their experiences and working toward providing a higher standard of care."

Annually she does anywhere between three and eight surveys. In addition to regular accreditation she is also credentialed for Medicare Deemed Status and surveys a wide variety of facilities from single to multi-specialty ASCs. "I remain current with the Standards and regulatory changes as part of my full-time job and in my commitment to AAAHC."

"I have been in the surgical services industry for over 25 years and take pride in ensuring the highest standard of care for all patients."
AAAHC has always prided itself on maintaining a collaborative culture. Our Standards are developed and accreditation decisions made by members of the Board of Directors representing 17 healthcare specialty associations:

- ASCA Foundation
- American Academy of Cosmetic Surgery (AACS)
- American Academy of Dental Group Practice (AADGP)
- American Academy of Dermatology (AAD)
- American Academy of Facial Plastic & Reconstructive Surgery (AAFPS)
- American Association of Oral & Maxillofacial Surgeons (AAOMS)
- American College of Gastroenterology (ACG)
- American College Health Association (ACHA)
- American College of Mohs Surgery (ACMS)
- American Congress of Obstetricians & Gynecologists (ACOG)
- American Dental Association (ADA)
- American Gastroenterological Association (AGA)
- American Society for Dermatologic Surgery Association (ASDSA)
- American Society for Gastrointestinal Endoscopy (ASGE)
- Association of periOperative Registered Nurses (AORN)
- Society for Ambulatory Anesthesia (SAMBA)

We believe that diversity of perspective drives a more complete view of the complicated healthcare environment. Similarly, the AAAHC staff represents not only a diverse set of skills and experience but also a wide range of cultural backgrounds.

The map below shows the countries from which our staff have come, either through immigration or as first generation U.S. citizens.