Moving Forward

**AAAHC Names Noel M. Adachi, MBA, as New CEO and President**

Noel M. Adachi is passionate about improving patient outcomes. Over the years she has demonstrated that accreditation programs improve care and patient outcomes when Standards and best practices are effectively integrated into daily operations.

As the new CEO and President of AAAHC, Noel is poised to assume the helm and sees AAAHC as perfectly positioned to continue expanding its reach in existing and new markets across the healthcare spectrum. “When I was preparing for my role with AAAHC, I did an intense amount of research—digging into technical and regulatory data, market structure, and reimbursement policies. I discovered that the ASC market has become more complex with many new players. I learned that AAAHC is the top ASC accreditor because it provides a unique accreditation experience including Standards, processes, and tools created by subject matter experts who integrate best practice quality assurance and improvement into their daily practices.”

“While ASC growth has leveled out over the last couple of years, the variety of procedures offered at ASCs has actually gone up. Importantly, with rising healthcare costs, global care delivery will continue to shift toward lower cost alternatives. ASGs and other non-hospital-based alternatives will continue to ‘bend the curve’ on healthcare expenditures, and that is very good news for AAAHC and its accredited organizations.”

Noel comes to AAAHC from the College of American Pathologists (CAP) where, over the past 21 years, she has driven growth in areas central to the continued success of AAAHC: quality improvement through accreditation, proficiency testing, education, and other clinically-relevant performance measurement tools. Noel brings a lifetime of success as a ‘builder’ of new strategies, execution plans, and organizational reshaping efforts that have accelerated profitable growth and success in SHC and other organization.”

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She received her undergraduate degree in mathematics and economics from Knox College in Galesburg, Illinois, and an MBA from Northwestern University’s J.L. Kellogg Graduate School of Management. Noel has spent 32 years in health care, focusing, in part, on association management. Noel’s experience includes more than 20 years in executive positions across functional areas including marketing, sales, strategic planning, and international business development.

Noel is invested in the critical importance of addressing patients’ clinical, financial, and emotional expectations in the care they receive. Through AAAHC, she wants to ensure that the patient care delivered by accredited facilities is equal to or exceeds the equivalent care provided in hospitals. “Primary care facilities, multi-specialty ASCs, and rural micro-hospitals offering a variety of procedures can provide care on an out-patient basis without overnight stays. This drives down costs for the same procedure performed at a hospital. ASCs can support more targeted and patient-centered care for specialty procedures. Hospitals with staff who are being pulled in many different ways cannot provide or sustain that level of engagement between patient and provider.”

Expanded educational opportunities and ongoing engagement with accredited organizations are integral to Noel’s conception of the future of AAAHC. “I knew coming in that AAAHC is known for its educational approach to accreditation. Our surveyors are experienced clinicians and healthcare professionals who conduct surveys using a rigorous, educational approach. From that foundation, I want AAAHC to continue to refine that objective approach by building upon the educational, evidence-based delivery of accreditation and our supporting tools and services.”

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**Moving the needle on safe injection practices (SIP)**

Over the years, improper use of syringes, needles, and medication vials during routine healthcare procedures, such as administering injections, has resulted in infection-related outbreaks across medical settings. Transmission of bloodborne viruses to patients has occurred, including Hepatitis B and Hepatitis C. The primary breaches in infection control practice that contributed to these outbreaks were related to:

1. reinjection of used needles into a multi-dose vial or solution container (e.g., saline bag)
2. use of a single needle/syringe to administer intravenous medication to multiple patients.

In one of these outbreaks, preparation of medications in the same workplace where used needle/syringes were dismantled may also have been a contributing factor.

http://www.cdc.gov/injectionsafety/ sip7_standardPrecaution.html

**Institute tools update**

New patient safety toolkits from the AAAHC Institute for Quality Improvement.

**Surveyor spotlight**

“To me, constructive comments from an experienced colleague are one of the best parts of the survey process. It is me speaking with them one on one, as a peer. That’s meaningful.”


In order to achieve accreditation, AAAHC Standards require organizations to have an actionable emergency and disaster preparedness plan in place. Chapter 8 of the Accreditation Handbook for Ambulatory Health Care concerns Standards that address “a functionally safe and sanitary environment for patients, personnel, and visitors.”

Based on data compiled for AAAHC Quality Roadmap 2016, Standard 8.E.3 (2017 Standards/8.I.4 (2018 Standards), concerning documentation of emergency drills, is one of the most common deficiencies across all organizational settings.

**THE STANDARD**

The Standard states that “Scenario-based drills of the internal and external emergency and disaster preparedness plan are conducted.”

**Notes:**

This article discusses AAAHC accreditation Standards for emergency preparedness, not the recently released CMS Condition for Coverage (CSC) 416.54 - Emergency Preparedness.

The specific element related to the deficiency is:

8.E.3/8.I.4 A written evaluation of each drill is completed.

While accredited organizations have processes in place for emergency drills, the deficiency occurs in the follow up, that is, the lack of written documentation and evaluation of the drill. Surveyors rely on written documentation as the primary means of confirming that the Standard is met. For surveyors, if no written record of a drill exists, then it did not occur, and a PC or NC is assigned for that element.

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FREQUENTLY ASKED QUESTIONS RELATING TO SAFE INJECTION PRACTICES (SIP)

Q: How frequently should healthcare organizations perform a safe injection practices (SIP) risk assessment?

A: Per AAAHC Standards, at minimum, an organization should perform a SIP risk assessment annually. The results from the risk assessment may indicate the need for an organization to develop and implement a training program for SIP if it doesn’t exist, as well as implement a monitoring program for compliance with SIP guidelines, if it isn’t a part of organizational practices. The risk assessment and follow-up training and monitoring activities may also show that quality improvement activities are necessary.

Q: Is it appropriate to prepare a medication by drawing it into a syringe aseptically in an operating room/procedure room/patient examination space, prior to a patient’s arrival or when no patient is present, with the intention of retaining the contents of the multi-dose vial (MDV) for use with other patients?

A: No. This is not an appropriate use of a MDV. Once opened or accessed within a patient care area, MDV contents should not be retained for use on other patients.

Q: Are multi-dose vials (MDV) larger than single-dose vials (SDV)?

A: No. MDVs may appear to be larger, and SDVs may appear to be smaller. However, best practice is to always read the label.

THE BASICS: SINGLE-DOSE VS. MULTI-DOSE
Based on CDC guidelines, a single-dose or single-use vial contains liquid medication intended for injection or infusion that is meant for use in a single patient for a single case/procedure/injection. Single dose or single-use vials are labeled as such by the manufacturer and typically lack an antimicrobial preservative.

A multi-dose vial contains liquid medication also intended for injection or infusion but has more than one dose of medication. Multi-dose vials are labeled as such by the manufacturer and typically contain an antimicrobial preservative to help prevent the growth of bacteria. However, the preservative has no effect on viruses and does not protect against contamination when healthcare personnel fail to follow safe injection practices.

AAAH Standards and SIP
AAAH Standards relating to safe injection practices are found in Chapters 7, 9, and 11 of the Accreditation Handbook for Ambulatory Healthcare. Based on the Standards and AAAHC Quality Roadmap, an annual report on AAAHC survey findings, the following are some of the most common breaches in infection control practices observed by AAAHC surveyors:

■ Multi-dose vials accessed in patient care areas
■ Vials not wiped with alcohol before being accessed
■ A list of look-alike, sound-alike medications not present
■ Pre-drawn medications not labeled
■ Expired medications found in the facility during the survey
■ Expired supplies found on the crash cart

INTENT OF THE STANDARD
This Standard, in particular, focuses on organizations becoming more efficient and, thereby, better equipped to manage emergencies beyond the clinical. While most organizations have processes in place for emergencies, often, the process does not include follow-up written documentation. Documentation promotes consistency and identification of lapses or errors in the process.

OUTLINE OF THE PROCESS AND HINTS FOR MEETING THE STANDARD
Once staff has assessed the Emergency and Disaster Preparedness plan, creating the drill comes down to a few simple steps:

■ PLAN
■ INFORM PARTICIPANTS
■ PERFORM THE DRILL
■ EVALUATE

Successful management of the situation. The documentation should also include identification of problems. From there, the organization develops a corrective action plan which identifies a timeline for completion and the running of a follow-up drill to measure improvement. Each accredited organization must have a robust emergency preparedness plan, one that is regularly practiced and assessed. Studies show that emergency drills which simulate emergency situations are effective exercises for preparing organizations for emergencies.


AAAH partners with the Centers for Disease Control and Prevention (CDC) in the One and Only Campaign® to promote safe injection practices to protect patients and healthcare workers against preventable harm from unsafe injection practices.

ADDITIONAL RESOURCES
For more detailed information on the One and Only Campaign®, please visit: http://www.oneandonlycampaign.org/

The revised Safe Injection Practices patient safety toolkit is now available. The updated edition contains revised References and additional recommendations for storing syringes with medication drawn from a single-dose vial (SDV) or a multi-dose vial (MDV).

Order your copy at: http://www.aaahc.org/en/institute/Patient-Safety-Toolkits1/


[Image of Patient Safety Toolkits]
Welcome to our newly accredited organizations

Congratulations to the 50 new organizations accredited by AAAHC between July 1 and September 30, 2017.

ARIZONA
Banner Union Hills Surgery Center, LLC

CALIFORNIA
Camarillo Endoscopy Center, LLC
Cardiovascular Surgical Center, Inc.
Surgery Center of Newport Beach, LLC

CONNECTICUT
Endoscopy Center of Northwest Connecticut, LLC

FLORIDA
Ashchi Heart & Vascular Center, P.A.
Heart of Florida Surgery Center, LLC
The Surgery Center at TGH Brandon Healthplex, LLC

GEORGIA
Cataract and Laser Surgery Center of South Georgia, PC
Southern Cross Surgery Center, LLC
The Surgery Center at TGH Brandon Healthplex, LLC

ILLINOIS
Illinois Orthopedic Network, LLC
Northwest Endo Center, LLC

INDIANA
Federal Correctional Complex Terre Haute
Indiana (FCC Terre Haute)

IOWA
Quality Surgery Center, LLC

KANSAS
Flint Hills Heart, Vascular, and Vein Clinic

LOUISIANA
Federal Correctional Complex (FCC) - Oakdale

MARYLAND
ASC Development Company, LLC - Columbia
ASC Development Company, LLC - Greenbelt
Dialysis Access Services, LLC

MASSACHUSETTS
Medical Affiliates of Cape Cod, Inc.

MICHIGAN
Federal Correctional Institution (FCC) - Milan
Pokagon Health Services

MINNESOTA
Anji Aesthetics and Wellness Center
Marshall Surgery Center, LLC

MISSISSIPPI
Family Health Center, Inc.

NEBRASKA
Lincoln Digestive Health Center

NEW JERSEY
Gastroenterology of Westchester, LLC
South Shore Ambulatory Surgery Center

NEW YORK
Gastroenterology of Westchester, LLC

OHIO
Gypsy Lane Endoscopy Suites, Inc.
The Toledo Clinic Urgent Care System

PENNSYLVANIA
Southern Cross Surgery Center, LLC

TEXAS
Federal Detention Center - Houston
Federal Prison Camp - Bryan
First Colony Surgery Center, LLC
Houstan Ambulatory Surgery Center, LLC
Methodist Allen Surgery Center, LLC
University of Texas at El Paso

VIRGINIA
Stony Point Surgery Center

WASHINGTON
Federal Detention Center - SeaTac

GUATEMALA
Clinica Dental Innodent

HONDURAS
Dialisis de Honduras San Pedro Sula
Dialisis de Honduras Tegucigalpa

VIRGIN ISLANDS
St. Thomas Oral and Facial Healthcare, LLC

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Subscribing to CMS Survey and Certification Policy Memoranda

Any public or Association member that would like to receive notifications of S&C Policy Memorandums may follow these steps to set up the RSS feeds:

1. Computer must allow access to RSS Feed (check with your IT department)
2. Go to:
3. Select orange “FEED” (RSS) icon in upper right hand corner of webpage.

If using Firefox:
4. Select a preference from the dropdown menu, check “Bookmarks” box (if applicable), and click “Subscribe Now”.
5. Select folder preference and click “Subscribe” in the pop-up window.

If using Internet Explorer:
4. Select “Subscribe to this feed.”
5. Select “Create in” preference (if applicable) and click “Subscribe” in the pop-up window.
MARK YOUR CALENDAR

AAAHC out and about

October
4-6  AMSURG (Nashville, TN)
8-11 Medical Group Management Association (MGMA) Anaheim, CA (exhibit)
11-13 OR Excellence (ORX) Las Vegas, NV (exhibit)
12-13 Washington Ambulatory Surgery Center Association (WASCA) Tulalip, WA (exhibit)
12-14 American Association of Oral and Maxillofacial Surgeons (AAOMS) San Francisco, CA (exhibit)
26-28 Becker’s ASC Conference (Chicago, IL) (speaker & exhibit)
26-28 American Academy of Facial Plastic and Reconstructive Surgery (AAAPRS) Phoenix, AZ (exhibit)

November/December
28-Dec. 1 The Society of Federal Health Professionals (AMSUS) National Harbor, MD (exhibit)

Upcoming AAAHC Training and Education
December 1-2 Achieving Accreditation (Las Vegas, NV)

Important Deadlines

October 9  Registration begins for January-June 2018 benchmarking studies
November 8  Early Bird registration deadline for December Achieving Accreditation
December 29  Last day for participating organizations to enter data for July-December 2017 benchmarking studies

ACHIEVING ACCREDITATION 2017: Building and using your accreditation toolkit

This program is an immersive two-day seminar designed to help you sharpen your tools, assemble your resources, and get more from accreditation.

■ Learn about the 2018 Standards
■ Attend special electives which include “How to prepare for a reaccreditation survey” and Life Safety Code®, 2012 edition requirements.

Registration is now open for the program in Las Vegas on December 1-2. Visit http://www.aaahc.org/december
Had your lightbulb moment yet?

If not, don’t stay in the dark! Illuminating Quality Improvement is now available with a self-study guide for new users.
Order your copy at:
www.aaahc.org/publications

AAAHC Institute toolkit updates

New patient toolkits from the
AAAHC Institute for Quality Improvement

FLEXIBLE ENDOSCOPE REPROCESSING

Most of us who have reached a certain age have had experience with flexible endoscopes, namely, through routine colonoscopies which have become part of modern preventive care. Procedures and instruments used in these procedures serve an important function in health care and patient well-being.

Over the last several decades, there have been numerous lapses in reprocessing of flexible endoscopes and these have led to associated patient infections. Medical experts have determined that breaches in cleaning protocols and failure to follow manufacturer’s instructions for use (IFU) bear the responsibility for these outbreaks. Unfortunately, infections have persisted.

The CDC, ASGE, AORN, and other organizations have published articles, tools, and recommendations for reprocessing, including: pre-cleaning, high-level disinfection or sterilization, high level disinfection fluid management, competency testing, and training recommendations to try to ensure proper reprocessing and decrease the risk of infection for patients.

This concern is the intent of AAAHC Standard 7.1.F (2017 edition)/7.1.D (2018 edition), which refers specifically to cleaning, disinfection, and sterilization of medical instruments and equipment. This has also been the subject of examination in AAAHC Institute’s Colonoscopy and EGD benchmarking studies. The AAAHC Institute staff was also an active participant in the recent Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC) work group on Flexible Endoscope Reprocessing. In July, the AAAHC Institute released a toolkit Flexible Endoscope Reprocessing to help organizations better understand many of the important components of reprocessing.

The toolkit covers risk assessment, training development, and routine observation and includes checklists and recent guidelines and research on the subject from sources, such as American College of Gastroenterology (ACG), American Society for Gastrointestinal Endoscopy (ASGE), American Gastrointestinal Association (AGA), Association of periOperative Registered Nurses (AORN), Centers for Disease Control and Prevention (CDC), and Society of Gastroenterology Nurses and Associates (SGNA), among others.

Sources for further information:
https://www.cdc.gov/hicpac/recommendations/flexible-endoscope-reprocessing.html
http://www.aornstandards.org/content/1/SECO5extract/uid=5447215-8aad-4576-8f25-ac6e660f52b

CARE COORDINATION: TRACKING PATIENT TESTS AND REFERRALS

Cooperation and communication between providers are bellwethers of quality patient care and can drive improved patient outcomes. Best practices, such as assessing and monitoring changes in patient needs and planning transitions of care, are examples of care coordination activities.

In early September, the AAAHC Institute published, Care Coordination: Tracking Patient Tests and Referrals. The toolkit is designed to assist organizations in implementing an effective test and referral tracking system to reduce gaps in patient care as well as reduce liability risks associated with these gaps. Important components include: documentation in the patient record, sharing of information between providers, and follow-up with patients.

The publication provides an overview of current research, self-assessment checklists, and selected resources.

Please visit:
http://www.aaahc.org/institute/Patient-Safety-Toolkits/1/ to review our line of Patient Safety Toolkits.

AAAHC Institute
Quality for Improvement
Meet the AAAHC staff

CLAIRE BITTO
ACCOUNT EXECUTIVE, PRIMARY CARE

In February of 2015, Claire Bitto came to AAAHC from a small grassroots/two-person non-profit. She was looking to start a new venture with opportunity for growth. “As a public health major in college, I learned about accreditation but did not know much about the process. I was browsing for jobs and really all I knew was that I wanted something with a new set of challenges.”

What she found at AAAHC proved to be that and more.

NEW ROLES
Claire was originally hired as an Assistant Report Coordinator (ARC) which meant she focused on post-survey activities, such as analyzing surveyor reports. Her role has changed considerably since then. In 2016, she participated in the account manager pilot. With the success and adoption of the model, Claire is one of the account executives responsible for primary care organizations, overseeing the entire survey process (except scheduling).

“What I am doing now is different from where I began for two main reasons. The scope of my responsibilities is broader. However, the relationships I build with organizations are much more personal since I am their main contact throughout the accreditation process. The combination of the two allows me to offer organizations a more comprehensive yet personalized customer service experience.”

She is also the dedicated account executive for the Bureau of Prisons contract. For that she says, “there is definitely a learning curve. I am contributing to our mission of improving health care quality through accreditation.”

IMPROVING HEALTH CARE QUALITY THROUGH ACCREDITATION

As Claire sees it, the importance of accreditation is that it situates organizations as providers of quality health care for patients, providing peace of mind and patient satisfaction. Accreditation is like a seal of legitimacy. My role is to shepherd organizations through the process, to get them from A to B to C. By doing that, I am contributing to our mission of improving health care quality through accreditation.

Beyond Accreditation

In her free time, Claire says she and her fiancé like to socialize. “We have a lot of friends from college that are spread around Chicago and the suburbs, and we make a point of seeing them regularly. Family is also a very large part of our lives; we spend a lot of free time with them as well.”

She likes to cook but not bake and some of her best dishes come from a variety of cuisines, such as Italian, Indian, and Mexican. “I like trying new recipes and seeing if they turn out. My go to is a healthy twist on Carbonara.”

Deconstructed Spaghetti Squash Carbonara*

INGREDIENTS
1 spaghetti squash (about 2 pounds, 1 1/4 to 1 1/2 pounds before roasting)
2 tbsp olive oil
4 garlic cloves, sliced
1 tsp white wine vinegar
Salt and pepper, to taste
Poached eggs (one or two per person)

Garnish with chia seeds, optional

INSTRUCTIONS
1. Cut spaghetti squash lengthwise and place on a baking sheet. Toss with 1 tbsp olive oil, 1 tsp white wine vinegar, salt and pepper. Roast cut-side down for 40 minutes at 375°F (190°C). Flip cut-side up when roasting is complete and allow to cool slightly before harvesting strands with a fork by turning the squash over.

2. Poached eggs – Bring acidulated water to a simmer in a deep sauté pan or shallow pan. 3. Place a clean plate on your poaching pan and gently slide the egg into the center of it. Allow the egg to poach for 3 minutes, then remove with a slotted spoon. Place on a paper towel to drain the liquid from the egg.

4. In a clean sauté pan, heat the reserved quarter cup of bacon fat at medium-high or shallots and the garlic.

5. To bring together the Carbonara, chop the flat-leaf parsley, and slice the scallions in a separate container. Chop the bacon into bite-sized bits and set aside.

6. In a clean sauté pan, heat the reserved quarter cup of bacon fat at medium-high or shallots and the garlic. Gently stir. Garlic burns very easily, so be attentive at this step. As soon as the garlic has some color, reduce the heat to medium and add the spaghetti squash, tossing together right away. Moving quickly will save your garlic and create a thicker sauce.

7. Once the squash is cooked, add the bacon to the pan and gently stir. If paleo or whole 30 as well.”

Familiarity at the corporate level translates into savings at the individual level as the on-site surveys can be streamlined to focus on the relevant Standards that must be surveyed at each facility.

*Source: https://spaghettisquash-carbonara-paleo-style/
From 1991-1994, he was director of the student health center at California State University-Bakersfield before moving to the East Coast to serve as director of the University of Florida Student Health Care Center. Currently he serves as Assistant Vice President and Executive Director of Emory University Student Health Services and as Associate Professor of Family and Preventive Medicine at the Emory University School of Medicine.

In addition, he is the current President of the American College Health Association (ACHA) and is co-author of the 2016 “ACHA Framework for a Comprehensive College Health Program” and ACHA’s 2016 “Opioid Prescribing in College Health.” Dr. Huey believes the qualities that make him an effective surveyor are his passion and enthusiasm on site: “I really try to get to know the organization. I want to assess the depth and breadth of their commitment to quality. I also write a very detailed (and almost certainly too long!) survey report with lots of consultative comments. I always tell organizations at the opening conference that I truly believe that the only thing worse than a failing survey is a perfect survey, because a perfect survey doesn’t give you any place to go to improve.”

When he reflects on his years surveying for AAAHC, Dr. Huey feels that the accreditation process makes an organization define quality at every level of its operation and mission. “It is something that you must continually address, day-in and day-out, because as I heard long ago from a seasoned surveyor, ‘You don’t get an accreditation. You live accreditation.’ From his perspective, the educational aspect of the AAAHC survey process is its greatest strength/primary benefit, and the consultative approach is the perfect fit for organizations he surveys. ‘To me, consultative comments from an experienced colleague are one of the best parts of the survey process. It is me speaking with them, one on one, as a peer. That’s meaningful.’

Dr. Huey is not all work. When he wants to relax, he and his wife Fontaine go for long walks with their dog—twice a day—rain or shine. He also loves going to the theater and over the years has even performed on stage appearing in iconic roles, such as Dr. Henry Higgins from My Fair Lady and Juan Peron in Evita, one of his personal favorites. For the last 20 years, he and his wife have appeared in a local Florida medieval fair as King and Queen of Hogtowne.

Another one of Dr. Huey’s passions is watching sports. During his tenure at University of Florida, he attended Final Four and College Bowl games. “One of the things that’s been really wonderful about doing sports medicine is that I like sports, so I had the best seat in the house for some really spectacular games over the years.”

MICHAEL HUEY, MD

For Dr. Michael Huey, going to Sierra Leone with the CDC Ebola West African response team was humbling. He recalls witnessing “the dedication and bravery of the healthcare workers” who fought the outbreak for more than a year. “The world owes them a tremendous debt of gratitude.”

Like those West African healthcare workers, Dr. Huey’s career has been one dedicated to health service. Since 2005 Dr. Huey has been a surveyor for AAAHC. He currently performs between two and four surveys a year. While he has surveyed some employer-based clinics and urgent care facilities, he almost exclusively does college health, and rightly so, since that field has been the focus of his professional career.

“Quality is something that you must continually address, day-in and day-out, because as I heard long ago from a seasoned surveyor, ‘You don’t get an accreditation. You live accreditation.’”

Dr. Huey with clinic nurse in Masimera chiefdom, Sierra Leone

Surveyor spotlight

MICHAEL HUEY, MD

CQA Tiers at a Glance

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DEDICATED CADRE OF SURVEYORS

The implementation of a dedicated survey team provides a centralized knowledge base among the surveyors of corporate-wide policies and procedures. This familiarity at the corporate level translates into savings at the individual level as the on-site surveys can be streamlined to focus on the relevant Standards that must be surveyed at each facility. Streamlined on-site reviews mean lower survey fees for each ASC with special discount pricing for each CQA member based on survey volume.

CQA Program information now online, continued from page 6

organizations with 50-99 ASCs to be accredited, and a cohort of 46x surveyors specific to each member. Tier 3 is open to organizations with 5–49 ASCs to be accredited, and a cohort of CQA-trained and privileged surveyors overseeing the survey needs across the entire tier. Within a corporate entity, ASCs may be a mix of those seeking AAAHC accreditation with and without Medicare deemed status. Refer to the “CQA Tiers at a Glance” chart below for a more detailed breakdown of program benefits.

Visit the CQA website at: http://www.aaahc.org/en/accreditation/ASCs/ Corporate-Quality-Alliance-CQA-Program/ If you have any questions, please email Vikas Bhala, Assistant Director for Client Relations, at vbhala@aaahc.org or call 847.855.8745.
2018 AAAHC Handbooks released in early October

FREE ELECTRONIC COPIES AVAILABLE
Accredited organizations are eligible to receive a free electronic copy of the handbook. A notice with instructions for how to access the document was mailed at the end of September.

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Build Your Patient Safety Toolkit
Patient safety depends on a healthcare team that knows how to assess for risk and ensure quality care through best practices. The AAAHC Institute for Quality Improvement supports your team by translating research into highly visual tools you can use, including the Patient Safety Toolkit Series.

Universal Toolkits
- Care Coordination Documentation
- Credentialing & Privileging
- Peer Review & Benchmarking
- Emergency Drills

Surgical/Procedural Toolkits
- Flexible GI Endoscope Reprocessing
- Obstructive Sleep Apnea in Adults
- Venous Thromboembolism (VTE)
- Preventing Complications from Obesity

See the complete list and order toolkits at www.aaahc.org/institute.

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