A newsletter of the Accreditation Association for Ambulatory Health Care, Inc.

AAAHC

triangletimes

Volume 3 | Issue 3 | Summer 2016

When collaboration becomes more than a concept

Entering the corporate office, you might think you were at a high tech start-up: the creative casual dress code, the ping pong table, and the variety of shared spaces designed with group gatherings in mind—these attributes aren't usually associated with health care settings. But at Premise Health, these are deliberate choices designed to reinforce a culture of engagement, keeping staff members connected, loyal, and committed to their mission of helping people get, stay and be well.

Based in Brentwood, Tenn., Premise Health is a leading health and patient engagement company that manages more than 500 worksite-based health and wellness centers across the country, serving over 200 of the nation's leading employers.

"We deliberately designed our corporate environment to encourage communication among team members," said Liz Reimer, chief human resources officer at Premise Health. "It enhances the flow of information and teamwork, making it

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From the Board Chair

MEENA DESAI, MD

Meena Desai MD is the current AAAHC Board Chair and is privileged to survey ambulatory surgery centers. Recently, she participated as an observer on a student health survey and afterward, shared her observations and thoughts.

Why observe a student health center survey?
My personal background is in ASCs and, having spent many years on the Standards and Survey Procedures Committee, I wanted to see first-hand how AAAHC Standards are applied in a different care setting so I sought the opportunity to observe a primary care setting and was happy to have it be a student health survey.

Ed. note: AAAHC currrently accredits almost 300 student health centers across 46 states.

What surprised you about what you observed?
I was very pleased, but not surprised, to see the universal relevance of our Standards. The strength and foundation of our accreditation standards lie in patient safety and those consistent principals apply across every health care setting. I *was* genuinely surprised (and even more pleased) to see the level of investment the student health staff brought to the principles of accreditation. The Standards gave them a structural framework—and I mean that literally—that they put to use in the design of their patient and center processes.

The center used the Standards as an ideological construct to allow each and every member of the care team to have a role of significance, addressing either monitoring, reporting, or education. Involvement of all staff versus just "top down" engagement created a palpable sense of pride in the entire team. And this level of commitment has led to truly great achievements.

Can you share an example?
The university had bid for and received a grant from the state for $10 million to build their student health center. They recognized that good health was important in the lives of students away from home and that the health center might be the *only* health coverage for some of these students. The school established coverage for all students as an overarching goal and set out to achieve it.

They address the health care needs of all students during the school term, providing both health education and services. The program they've developed is so strong and well regarded that it has become part of the university's overall recruitment strategy. On-campus health care for college students can be sparse and disconnected, with poor communication. Parents (especially of undergraduates) are thrilled when they know their children have access to good care when they are away from home.

Has accreditation contributed to their success in other ways?
Yes, the center has also used its AAAHC accreditation to get third party insurers that may be new to covering such patients, to allow for negotiated charges and covered services. This has had a positive financial impact for the center.

Staff morale is high because health center staff take great pride in their quality, accreditation success, and programs. This, in turn, has enhanced student education and recruitment.

What made this survey special?
The success of the center's health access goal for primary and women's care has encouraged the team and set them off on their next goal: to develop a similar structure and outreach for behavorial health services for their students.

I have, of course, seen accreditation support success around patient care quality goals in our other settings as well, where there are mandatory accreditation regulations. It is truly remarkable to see how one can bring about positive change in college health, where accreditation is sought electively with purpose and pride. It's an additional bonus that accreditation is also translating into positive financial and community outcomes. ▲

Meena Desai, MD is the President and CEO of Nova Anesthesia Professionals. As Managing Partner, Dr. Desai oversees all aspects of anesthesia operations and surgical integration at 10 surgical facilities, hospitals and multiple office sites. The group currently is responsible for 35,000 anesthetics per year.

Dr. Desai is a leader in the anesthesia community having served the Society of Ambulatory Anesthesia (SAMBA) as President, Executive Board of Directors, and the American Society of Anesthesia (ASA) as a member of the Ambulatory Surgery Committee. She is the author of many books and articles, and lectures on anesthesia and surgical topics.

Standard Bearer: 2.I.D Significant organizational changes

For the six month period from October 2015 through March 2016, we received 591 reports of changes from accredited organizations via the 2.I.D reporting process. The vast majority of these required no action beyond the initial reporting and AAAHC staff review. The remaining five percent were forwarded for further assessment by the Accreditation Committee and the vast majority of these required no further intra-cycle activity.

Regardless of the fact that change notifications only infrequently trigger intra-cycle activity, the notification itself is an important part of the relationship between an accredited organization and AAAHC.

THE STANDARD

2.I.D *Accredited organizations must notify AAAHC in writing within 15 calendar days of significant organizational, ownership, operational, or quality of care events, including criminal indictment, guilty plea or verdict in a criminal proceeding (other than a traffic violation) directly or indirectly involving the organization or any of its officers, administrators, physicians/health care professionals, or staff within their role in the organization. Any such change/event that negatively affects public perception of the accredited organization or AAAHC, as the accrediting body, must also be reported. An organization's duty to provide this information continues during the entire accreditation term.*

INTENT OF THE STANDARD

Each organization seeking AAAHC accreditation is evaluated individually. Surveyors assess the core and relevant adjunct Standards based on the services the organization provides. AAAHC accreditation confirms that the organization is substantially compliant with the Standards under which it was surveyed and that AAAHC expects that it will remain in compliance throughout its term of accreditation. Therefore, AAAHC expects that accredited organizations will report circumstances that may result in a change to the care it provides.

HINTS FOR MEETING THE STANDARD

1. **DO** provide supporting documentation. This is one our biggest challenges internally because submissions often arrive with incomplete or missing information, or organizations send documents piece by piece that make tracking and follow-ups a lengthy and cumbersome process. Detailed descriptions of what is required for each type of change is available at www.aaahc.org/accreditation/General-information/Report-organizational-change/How-to-submit/

2. **DON'T** over-report.
   It is not necessary to report:
   - A change in the hours of operation.
   - A new member of the governing body (if this doesn't represent a change of ownership).
   - A temporary absence of someone in a clinical role, e.g. a maternity leave with an interim appointment.

3. **DON'T** report a change that has not taken place unless there is solid documentation. It is not necessary to report that the organization will or may be sold in the future. The Standard requires that we be notified within 15 days (before or after) the change has occurred.

Changes with an impact on patient care that require AAAHC clinical staff or Accreditation Committee review:

- Ownership
- Relocation
- Renovation
- Additional location added
- Additional service added

Review will include a close look at the documentation of the change, consideration of your overall length of accreditation, and a review of your past survey reports.

"Basically, we're looking at the organization's track record," said Cheryl Pistone, Clinical Director, Ambulatory Operations. "I want to see if it's a mature organization that has been through a couple of survey cycles with solid survey reports.

"If it's a deemed status organization with an extensive PoC [Plan of Correction] history, or an organization that has had infection control breaches in the past, we might want to make a site visit just to be sure the change has been implemented successfully.

"If we have a lot of confidence that everything has been done correctly, based on the organization's history with us, then the 2.I.D change will be noted in the file and the next survey team will be sure to check on it at the next on-site visit."

For more detailed information, go to www.aaahc.org and click the link under "I want to…Notify AAAHC of a change in my organization." ▲

CHANGING YOUR PRIMARY ACCREDITATION CONTACT

Changing the person who serves as an organization's primary contact is unlikely to have an impact on patient care, but it is important to notify us when it happens. Many AAAHC communications go out via e-mail to the individual on file identified in our database. A change in that contact means your organization might miss critical information from us.

easier for team members to interact and connect on a regular basis. We have driven, talented people at Premise Health, so we want to provide an innovative and creative environment that keeps them at their best."

> "We deliberately designed our corporate environment to encourage communication among team members"

ACCREDITATION GOALS

Premise Health sought accreditation to confirm that the organization provides a level of safe, quality care that is second to none. To do this, they partnered with an expert third party to look at their operations through an unbiased lens. The consultative approach of AAAHC offered both a rigorous evaluation and an educational perspective.

Peter Vasquez, MD, senior vice president, medical operations for Premise Health, said, "This was a collaboration between two equal partners. AAAHC provided an invaluable framework for evaluating our processes and procedures, confirming that we are doing the right thing, the right way, every time.

"The surveyors are knowledgeable and familiar with our environment, and the collaborative process enabled our team members to interact one-on-one with the surveyors."

"The AAAHC approach aligns with our culture," said Dr. Vasquez, "and the survey process offered validation and reinforcement of our mission."

In June 2016, Premise Health was granted accreditation through the AAAHC network accreditation program.

AAAHC NETWORK ACCREDITATION TAKES A HOLISTIC VIEW

AAAHC is the country's largest accreditor of employer-based health care. AAAHC network accreditation is granted to a corporate organization that owns or manages multiple sites of non-surgical services.

"Our network program focuses on the ability of the corporate organization to maintain its sites of care at AAAHC Standards," said Dorota Rakowiecki, AAAHC director of ambulatory accreditation operations.

"The corporate organization as a whole is granted accreditation and each site is identified as belonging to the accredited network. AAAHC partners with the organization through a very thorough and on-going self-assessment. We assign an Accreditation Specialist and offer consultative support and feedback pre- and post-survey. Network organizations also undergo intra-cycle survey activities and provide on-going documentation throughout the term of accreditation."

COLLABORATIVE SYNERGIES

"Our pre-survey interactions with AAAHC led to synergies and new ideas that have the potential to enhance the way we operate and provide care to our patients," said Bryan Hammond, RRT, CPHRM, director of quality, accreditation and risk at Premise Health.

"For example, our health clinics are customized to meet the needs of our customer: the employer. We have a saying that if you see one clinic, you've only seen one clinic. With that in mind, we had some concerns about successfully implementing universal medical home standards specific to accessibility of care for all of our diverse and unique locations.

"Our conversations with AAAHC made it clear that we didn't have to come up with a one-size-fits-all solution. Knowing that allowed us to navigate to the solutions that would be most beneficial for patients, providers, and clients at each individual site."

"Later, when AAAHC conducted its on-site surveys, we discovered additional opportunities to share best practices that AAAHC can, in turn, share with other organizations," Mr. Hammond added.

For network surveys, AAAHC surveyors visit the corporate site as well as individual sites of care before an accreditation decision is made. Once accreditation is awarded, there are on-going activities—including additional site visits throughout the term of accreditation to validate continuing compliance with the Standards.

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"The support AAAHC provided from the beginning through the summation process was remarkable, especially when we received answers to our questions in a very timely fashion, sometimes in a matter of minutes," Hammond said. "There were monthly calls with AAAHC that we really looked forward to—they were enjoyable and educational. At no point during the survey process did it feel prescriptive or punitive in nature, a huge plus for our organizational culture."

Hammond also notes the accreditation process offered value at the provider level as well as to the corporate parent. "AAAHC-sponsored webinars and other educational materials were and continue to be useful to our front-line staff as well as our corporate leadership." ▲

AAAHC SURVEYORS ON PREMISE HEALTH

The survey team that visited the corporate headquarters and sites of service shared these comments:

> "I found Premise Health to be a high quality organization with talented staff at all levels. They were well structured with corporate direction providing excellent and comprehensive guidance to all their site clinics. Even though there were a wide variety of clinical operations driven by the employers' scope of work and individual state requirements, the guidance provided was well adapted resulting in smooth operational efficiency. Their emphasis on prevention and wellness is a model of care that should be emulated throughout the health care industry."

Premise Health clearly believes in its mission and assures that it is adhered to in all of their on-site clinics. There is no compromise--the patients' needs always come first.

We saw this on-site in the local and out of the area referral centers they establish for care that cannot be provided in their clinics. Clinic staff make all of the arrangements for the patients and their families.

All personnel at all sites we visited were excited and genuinely eager to share their organization with us.

Welcome!

Congratulations to the 40 new organizations accredited by AAAHC between April 1 and June 30, 2016.

CALIFORNIA
15th Street Surgical Center, Inc.

Beverly Hills Premium Surgery Center Inc.

Boulder Oral & Maxillofacial Surgery Center

Cedars-Sinai Endoscopy

Fremont ASC Partners, LLC

SR Nakka, MD

Newport Center for Special Surgery

Obria Medical Clinics

Renaissance ASC, LLC

San Francisco Endoscopy Center, LLC

Specialty Surgical Center of Encino

FLORIDA
Bond Community Health Center, Inc.

Comprehensive Surgery Center

Davenport Ambulatory Surgery Center, LLC

Premier Community Healthcare Group, Inc.

Select Physicians Surgery Center, LLC

HAWAII
Aloha Eye Clinic Surgical Center, LLC

ILLINOIS
Massac County Surgery Center, LLC

USA Vascular Centers of Chicago, LLC

Winchester Endoscopy, LLC

MISSOURI
St. Louis Specialty Surgical Center, LLC

NEW YORK
Central New York ASC, LLC

Gastroenterology Care, Inc.

Baruch Tetri, DDS, PC

OHIO
Doctors Hospital Physician Services, LLC

OKLAHOMA
Absentee Shawnee Tribal Health System

Osage Nation

OREGON
Rush Surgery Center, LLC

INDIANA
Chegar Facial Plastic Surgery

RHODE ISLAND
East Greenwich Endoscopy Center

SOUTH CAROLINA
Sweetgrass Plastic Surgery

TENNESSEE
Turner Surgery Center, LLC

TEXAS
Midwestern State University

MISI ASC Dallas, LLC

VIRGINIA
Digestive Care Center of Virginia

Tidewater Physicians Multispecialty Group, PC

VIRGIN ISLANDS
Cheetham & Lui, PC

WASHINGTON
Olympia Orthopaedic Associates, PLLC

Valley Eye and Laser Surgery Center

VP Surgery Center of Auburn, LLC

TakeCare Insurance Company, Inc.

AAAHC Institute News

REVAMPED AWARD RECOGNIZES EXCELLENT QI STUDIES

The AAAHC Institute has provided recognition for quality improvement studies through the *Bernard A. Kershner Innovations in Quality Improvement Award* since 2004. For the 2016 program cycle, some elements have been updated.

What is different?

- We plan to recognize up to six QI studies: three from primary care organizations and three from surgical/procedural care organizations.
- Each of the organizations will be invited to make a poster presentation at *Achieving Accreditation* in Tampa, Florida, in March 2017.
- A $500 honorarium will be awarded for each of the presentations.
- Presentations and a brief organizational profile will be published as a supplement to the Spring 2017 issue of *Triangle Times* and distributed to all AAAHC-accredited organizations.

What has remained the same?

- The criteria for submission and the review process remain the same: AAAHC-accredited organizations are eligible and the study must demonstrate use of the applicable elements in Standard 5.I.C with a measureable improvement as an outcome.
- The organizations recognized by this program will each receive one complimentary registration for *Achieving Accreditation* in Tampa in March 2017.

For more information or to apply, visit aaahc.org/institute/quality-improvement-award.

BERNARD A. KERSHNER, 1940-2016

The AAAHC Institute's award program is named in honor of Bernie Kershner who helped develop and guide AAAHC, the AAAHC Institute, and HCI (our consulting subsidiary) from the time each entity was founded.

Mr. Kershner received his MPA in health care administration from Cornell University and, in 1973, founded one of the first non-physician-owned free standing multi-specialty surgery centers. He was the first non-physician President of FASA (now the Ambulatory Surgery Center Association), serving from 1984 to 1988.

Throughout his career, Mr. Kershner made it a priority to continually underscore the importance of quality and high standards. In a profile published in *FASA Update* (May/June 1999), he described establishing procedures for his own surgery centers that were "far above what could possibly be required of a health facility—I wanted not only to be beyond reproach, but to raise the bar for professional competency at every single level of the organization." This drive for quality excellence was the inspiration for the Institute's *Bernard A. Kershner Innovations in Quality Improvement Award*.

Mr. Kershner also was a rodeo enthusiast who competed in team roping events as the header, roping the horns of a steer from horseback for his partner, the heeler, who ties the heels, to immobilize the steer. Appropriately, the event evolved from the practical origin as the method used by ranchers to immobilize cows for medical treatment.

REGISTRATION IS OPEN FOR BENCHMARKING STUDIES

AAAHC Institute benchmarking studies are conducted every six months and participants can join at any time. (Earlier registration just gives you more time to enter data for the required minimum of 15 cases.) For July-December 2016, topics include:

- Cataract Extraction with Lens Insertion
- Colonoscopy
- EGD
- Knee Arthroscopy with Meniscectomy
- Pain Management - Low Back Injection
- Primary/Specialty Non-Surgical Care
- Shoulder Arthroscopy
- Topics in Surgical/Procedural Services including:
  - Blepharoplasty
  - Cystoscopy
  - Rhinoplasty
  - Septoplasty
  - Skin/subcutaneous tissue excision

Procedural benchmarking includes indications for procedures, patient prep, procedure times, anesthesia, intra-procedure complications, patient satisfaction, and outcomes. Primary care benchmarking examines consistency of preventive and routine screenings across settings, including community health, medical group practice, and student health with other data useful for promoting efficiency within your organization.

To register, visit aaahc.org/institute/Benchmarking_Studies

Institute for Quality Improvement

NEW PATIENT SAFETY TOOLKIT ADDRESSES PREOPERATIVE EVALUATION

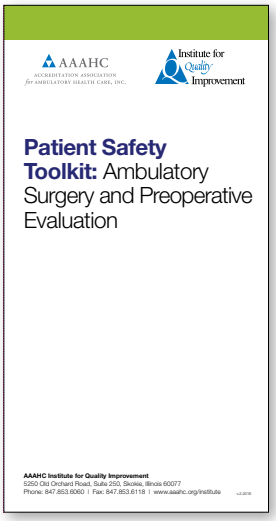
The goal of preoperative evaluation is to minimize risks of poor patient outcomes and to maximize patient safety. The process involves understanding the individual patient's risk relative to the procedure and using the findings from the evaluation as decision points.

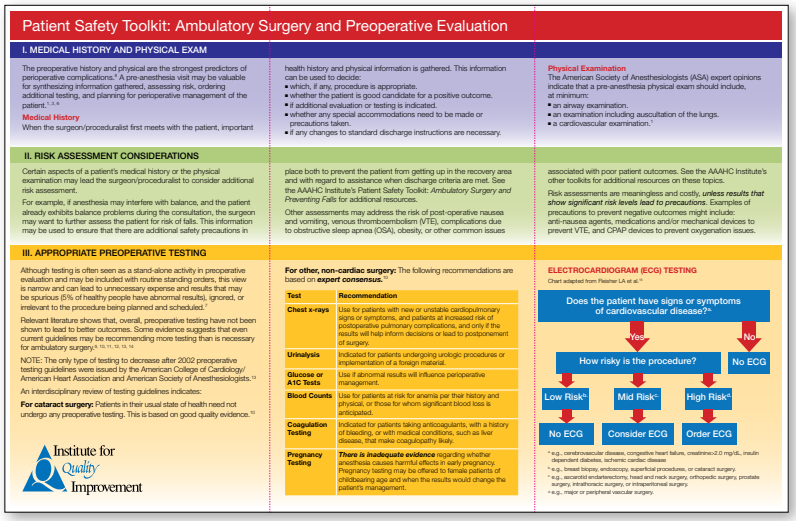
A large proportion of ambulatory surgeries and procedures are minimally invasive and "low risk," and performed on relatively healthy people. However, increasing number of ambulatory surgeries include:

- patients receiving moderate to deep sedation or even general anesthesia
- vulnerable populations, such as the elderly
- patients with multiple or more severe co-morbidities.
- invasive and/or lengthy procedures (such as knee and hip arthroplasty)

Ambulatory Surgery and Preoperative Evaluation is a new resources to address these issues. This toolkit includes sections on medical history and physical exam, risk assessment considerations, and consensus recommendations indicating electrocardiogram testing as well as other pre-op testing for non-cardiac patients.

Order the toolkit here: www.aaahc.org/institute/Patient-Safety-Toolkits1





= education = outreach

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August

5-7 GI Outlook 2016 (exhibit)

8-11 Nat'l Council of State Legislatures (NCSL) (exhibit)

28-30 National Assn of Community Health Centers – Community Health Institute (exhibit)

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September

Connection published

1 *Achieving Accreditation* early bird registration closes

7-9 California Ambulatory Surgery Assn (CASA)(speaker & exhibit)

21 webinar: Creating an Aha! moment in quality improvement

18-23 American Academy of Oral-Maxillofacial Surgeons (AAOMS) (exhibit)

23-24 *Achieving Accreditation* (Washington, DC)

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AAAHC SURVEYORS IN LEADERSHIP ROLES WITH ACHA

Recent elections at the American College Health Association have resulted in two AAAHC surveyors being named officers.

Michael Huey, MD, Executive Director, Emory University Student Health Services has been named President-Elect.

Joy Himmel, PsyD., PMHCNS-BC, LPC, NCC, Director, Ross University School of Medicine Counseling Center, has been named Secretary of the ACHA Mental Health Section.

UPCOMING WEBINARS

September 21:
Creating an "Aha" moment in quality improvement

October 19:
Accreditation documentation requirements

November 2:
Informed Consent: Are you doing it right?

Register at www.aaahc.org/education/webinars

EDUCATION UPDATES

Achieving Accreditation:

Picturing Excellence
takes place in Washington, DC, September 23-24.

Register at www.aaahc.org/education

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