AAAHC

ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

Addendum to the AAAHC 2017-18 *Accreditation Handbook for Medicare Deemed Status Surveys*

In late 2019, CMS released revisions to the Conditions for Coverage (CFCs) for ambulatory surgery centers. Whenever such revisions are made, AAAHC is required to notify CMS of how we will ensure that our Standards continue to meet or exceed the CfC requirements, and obtain approval of those plans from CMS prior to their implementation. The chart below summarizes the items for which AAAHC sought and has now received approval from CMS. See pages 2-4 of this document for detailed information.

The changes shown below are effective for AAAHC Medicare Deemed Status surveys conducted on or after April 13, 2020.

CfC	CMS Revision	AAAHC Revision
416.41(b)(3) [previous]	Deleted requirement for hospital transfer agreement or hospital admitting privileges	Deleted previous language and substituted corresponding Standard from non-deemed accreditation program, requiring transfer agreement, admitting privileges or agreement with physician group with admitting privileges
416.41(b)(3) [revised)	Added requirement to periodically notify hospital of operations and population served	Added same requirement
416.42(a)	Revised requirement for pre-surgical assessments: • Anesthetist (vs. physician) may now conduct assessment for risk of anesthesia • Physician must still conduct assessment for risk of the procedure	Same revision
416.52(a)(1)	• Deleted requirement for all patients to have H&P within 30 days • Added requirement for a policy identifying patients requiring an H&P, and in what timeframe	Added same policy requirement and maintained requirement for all patients to have H&P within 30 days
416.52(a)(2)	Revised language regarding requirements of pre-surgical assessment upon admission, but did not change requirements	Same revision
416.54	Revised timeframes from annual to every two years for: • Reviewing and updating emergency preparedness plans, policies and procedures • The frequency of emergency preparedness drills Added requirement for training when policies and procedures are significantly updated	Maintained annual requirements Added same requirement

5250 Old Orchard RD, STE 200
Skokie, Illinois 60077
TEL 847.853.6060
FAX 847.853.9028
www.aaahc.org
info@aaahc.org

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Release Date:

Effective Date:

Effective November 29, 2019, CMS revised the requirements of 42 CFR 416.41, 416.47, 416.52 and 416.54. A revision to 42 CFR 416.42 took effect January 1, 2020. CMS has now approved the following revisions to the AAAHC Standards for Medicare Deemed Status Surveys. The identifiers below refer to the Standards in the 2017-18 *Accreditation Handbook for Medicare Deemed Status Surveys*.

Updates Addressing CMS Revisions to 42 CFR 416.41

Page 29, Standard 2.I.K: This Standard is deleted in its entirety. The remaining Standards in Chapter 2.I are re-numbered accordingly.

AAAHC is maintaining our similar requirements by replacing Standard 2.I.K with Standard 4.J for the Medicare Deemed Status program. This Standard is also present in the 2018 *Accreditation Handbook for Ambulatory Health Care*.

Standard 4.J:
One of the following is in place in the event of an emergency or unplanned outcome for which hospitalization is indicated to evaluate and stabilize the patient:

- A written transfer agreement for transferring patients to a nearby hospital.
- A written policy of credentialing and privileging physicians and dentists who have admitting and similar privileges at a nearby hospital.
- A written agreement with a physician or provider group with admitting privileges at a nearby hospital.

AAAHC is adding the following new requirement as Standard 4.K.

Standard 4.K:
The ASC must periodically provide the local hospital with written notice of its operations and patient population served. [416.41(b)(3)]

Update Addressing CMS Revision to 42 CFR 416.42

Standard 9.F is revised in accordance with CMS revisions to 42 CFR 416.42.

Standard 9.F:
Immediately before surgery, a physician or anesthetist as defined at §410.69(b)of this chapter must examine the patient to evaluate the risk of anesthesia. [416.42(a)(1)(i)]

1. The examination is conducted by a health care professional privileged to administer anesthesia in accordance with Standard 9.B.
2. Based on the results of the examination, the health care professional develops and documents a plan of anesthesia.

Reflecting additional revisions to 42 CFR 416.42, AAAHC is adding the following as Standard 10.I.H. The remaining Standards in Chapter 10.I are renumbered accordingly.

Standard 10.I.H:
Immediately before surgery, a physician must examine the patient to evaluate the risk of the procedure to be performed.

Update Addressing CMS Revisions to 42 CFR 416.47

The revision to 42 CFR 416.47(b)(2) consisted of adding the words "as applicable" to the requirement for each clinical record to contain "significant medical history and results of physical examination." This is a result of the revision to 42 CFR 416.52 indicating that not all patients may require a history and physical (H&P) examination prior to surgery. As noted below, AAAHC is maintaining the requirement for the H&P. Therefore, the revision to 42 CFR 416.47(b)(2) does not apply.

Updates Addressing CMS Revisions to 42 CFR 416.52

Standard 10.I.D is revised as shown below, to reflect the new requirements of 42 CFR 416.52 while maintaining the requirement that an H&P is completed and present in the clinical record no more than 30 days prior to surgery. The 30-day H&P requirement applies to all surgical organizations accredited by AAAHC.

Standard 10.I.D:
The ASC must develop and maintain a policy regarding the requirement for a medical history and physical examination prior to surgery. [416.52(a)(1)]

1. The policy must:
    a. Include the requirement for completion of a medical history and physical examination no more than 30 days prior to surgery. [416.52(a)(1)(i)]
    b. Address, but is not limited to, the following factors: Patient age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level. [416.52(a)(1)(ii)]
    c. Be based on any applicable nationally recognized standards of practice and guidelines, and any applicable State and local health and safety laws. [416.52(a)(1)(iii)]
2. The organization has written policies regarding the procedures and treatments that are offered to patients, which include criteria for patient selection, the need for anesthesia support, and post-procedural care.

Standard 10.I.E is also revised in accordance with the CMS revisions to CFR 42 416.52.

Standard 10.I.E:
Upon admission, each patient must have a pre-surgical assessment completed by a physician who will be performing the procedure or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy. [416.52(a)(2)

1. The pre-surgical assessment must include documentation of any allergies to drugs and biologicals. [416.52(a)(3)
2. The patient's medical history and physical examination must be placed in the patient's medical record prior to the surgical procedure. [416.52(a)(4)]

Updates Addressing CMS Revisions to 42 CFR 416.54

The Standards in Chapter 8, Subchapter II, Emergency Preparedness are updated to reflect some of the revisions to 42 CFR 416.54.

Standard 8.II.D.1 contains a new sub-element, 8.II.D.1.e:

If the emergency preparedness policies and procedures are significantly updated, the ASC must conduct training on the updated policies and procedures. [416.54(d)(1)(v)]

Standards 8.II.D.2.a through 8.II.D.2.g are updated as follows:

8.II.D.2.a
The ASC participates in an annual full-scale exercise that is community-based; or [416.54(d)(2)(i)]

8.II.D.2.b
When a community-based exercise is not accessible, conduct a facility-based functional exercise annually; or [416.54(d)(2)(i)(A)

8.II.D.2.c
If the ASC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ASC is exempt from engaging in one community-based or individual, facility-based functional exercise for one year following the onset of the emergency event. [416.54(d)(2)]

8.II.D.2.b and c are re-numbered as 8.II.D.2.d and e. Previous Standards 8.II.D.2.d and e become Standard 8.II.D.2.f as follows:

8.II.D.2.f
An additional annual exercise may include but is not limited to the following: [416.54(d)(2)(ii)]

8.II.D.f.i
A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or [416.54(d)(2)(ii)(A)]

8.II.D.2.f.ii
A mock disaster drill; or [416.54(d)(2)(ii)(B)]

8.II.D.2.f.iii
A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. [416.54(d)(2)(ii)(C)]