

Achieving Excellence through Accreditation with AAAHC

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Mona Sweeney, RN, BSN
The Ritz Carlton, Puerto Rico
September 25, 2015



Presenters

Dennis Schultz, MD, MSPH

- Regional Medical Director, Quad Graphics
- Public member AAAHC Board
- Standards and Survey Process Committee
- Chair, Primary Care Task Force
- Surveyor since 1995



Presenters



Mona Sweeney, RN, BSN

- Assistant Director, Accreditation Services for Primary Care/Medical Home
- Staff Liaison, Standards and Survey Procedures Committee

Session objectives

- Learn about AAAHC and why accreditation is a good fit for Community Health Centers
- Gain knowledge about the Standards and our survey process
- Provide a **roadmap** for preparing for a *HRSA Accreditation Initiative Survey*
- Outline of Activities:
 - ✓ Before the survey
 - ✓ During the survey
 - ✓ After the survey



AAHC Accreditation

Accountable

Accessible

Affordable

Health

Care Accreditor

All About Assisting Health Centers!!

The AAAHC now accredits over

6000 +

ambulatory health care organizations

**455 sites achieved
Medical Home Accreditation**

AAAHC



Private, independent, not for profit

Peer-based Accreditation Program

Experienced CHC medical professionals as your surveyor(s)

Over 6000 accredited organizations

Types of Organizations Accredited by AAAHC

Accreditation and Medical Home Accreditation

Ambulatory health care clinics	Military health care facilities
College and university health	Multispecialty group practices
Community health centers	Occupational health centers
Dental group practices	Primary care practices & PCMH
Employer-based on-site health	Single-specialty group practices
Indian Health centers	Urgent or immediate care centers
Health plans	Women's health centers

Why choose AAAHC?

Consultative and educational approach

- Ask questions, and receive solutions, ideas, answers
- Explain your unique organization's implementation of a particular standard – what “works” for your setting
- Full participant in summation conference

The on-site survey takes place on a mutually agreed upon date, not a surprise!

Written report of survey findings provides the blueprint for continued improvement and transformation to becoming a Medical Home.

AAHC philosophy

Discovery vs. inspection

Consultative vs. prescriptive

Collaborative vs. dictatorial

350 surveyors nationwide:

- ✓ Actively involved professionals
- ✓ Extensive ambulatory healthcare experience
- ✓ Initial mentored training
- ✓ Re-credentialed every 2 years

AAAHC philosophy

- **Focus**

- *Quality of care at the provider/patient level*

- **Goal**

Improve and enhance the quality health care in ambulatory settings

- **Standards**

Designed to promote excellence, professionalism and patient safety

- **Survey Process Focus**

Assure compliance with AAAHC Standards through an educational and consultative approach performed by peers

AAHC Standards

- Consensus based
- Updated annually, with public comment
- Identifies characteristics of accreditable organizations, Avoids being prescriptive
- Requires comprehensive quality program, but does not define specific required metrics
- Eight core, seventeen adjunct standards including chapter 25, Medical Home
- Rated substantially, partially or non-compliant
- Outline format

Core Standards

Apply to all organizations

- Patient Rights & Responsibilities
- Governance
- Administration
- Quality of Care
- Quality Management & Improvement
- Clinical Records & Health Information
- Infection Prevention Control & Safety
- Facilities & Environment

Adjunct Standards

- Anesthesia
- Surgery
- Pharmacy
- Pathology & Lab
- Diagnostic & Imaging
- **Dental & Dental Home**
- Other Professional & Technical Services
- Health Education & Health Promotion
- Behavioral Health
- Teaching & Publication
- Research
- Overnight Care
- Occupational Health
- Immediate & Urgent Care
- Emergency Care
- Radiation Oncology
- **Medical Home**

AAAHC Standard Deficiencies for Primary Care

2014 AENEID Report

2013 Accreditation Handbook

AAAHC AENEID Report 2014

At-a-glance information about compliance with 2013 AAAHC Standards

Standards most frequently identified as partially- or non-compliant (PC or NC) by our surveyors

Looks at aggregate results for all types of ambulatory health care organizations:

ambulatory surgery centers

office-based surgery settings

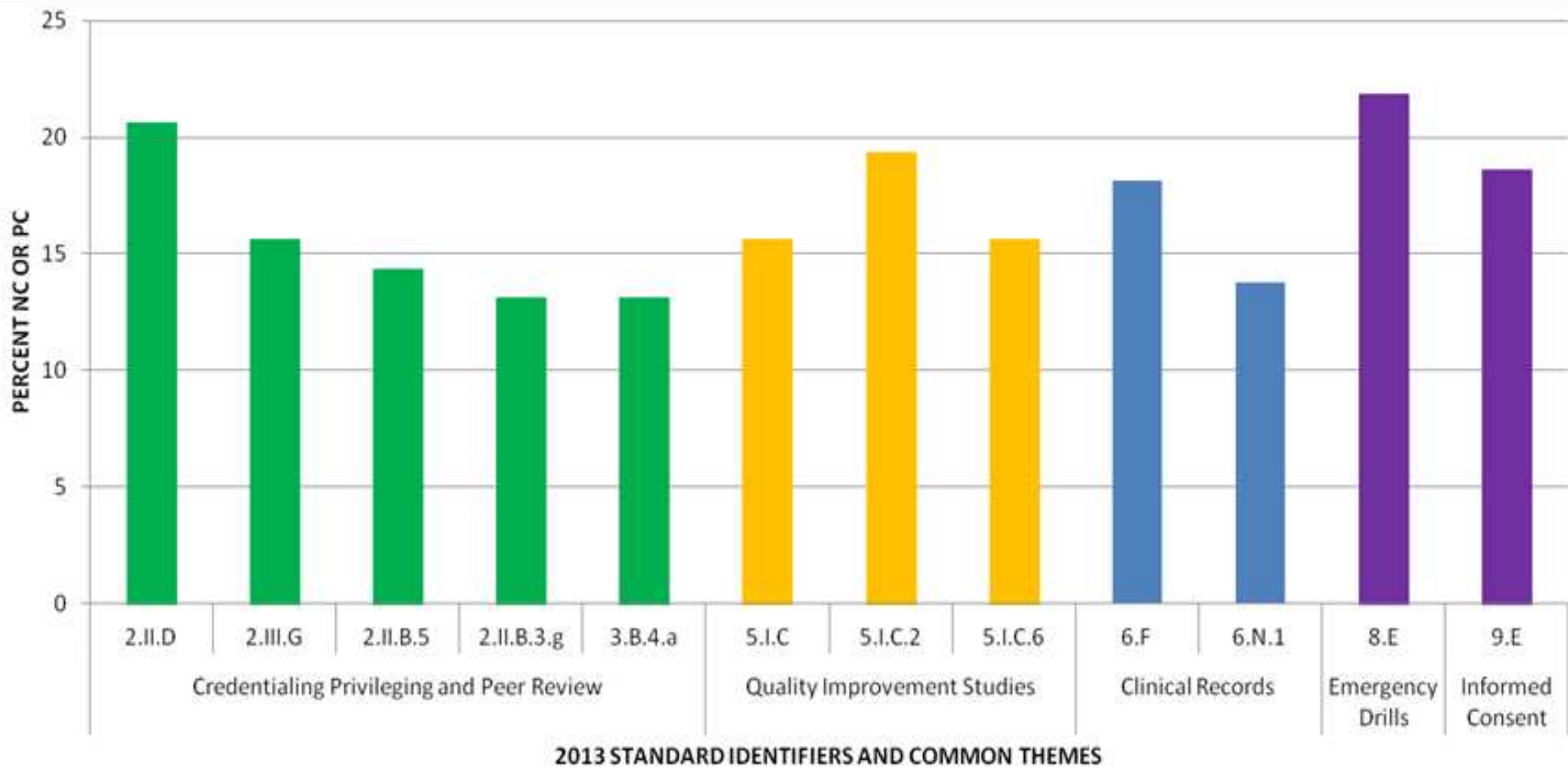
primary care organizations

AAAHC **AENEID** Report 2014



Standards Compliance Analysis:
Credentialing, Privileging, and Quality Improvement
are biggest hurdles

Top Standard Deficiencies



Standard 3.B.4.a & b

Administration: Training within 30 days

Personnel policy reflecting the requirement of documentation of initial orientation and training:

Standard 3.B.4.a

Completed within 30 days of commencement of employment.

Standard 3.B.4.b

Provided annually and when there is an identified need

Standard 3.B.4.a

Administration: Training within 30 days

Top Deficiencies

- Some elements of initial training are not documented or not completed within 30 days
- Occasionally no dates are evident

Improvement Strategies

- Create two-tiered training curriculum
- First tier: completed quickly, well within 30 days; “need to know” information, all topics
- Second tier: includes complete training by appropriate trainers; builds on initial training
- Date and initial all training

Standard 6.F

Clinical Records & Health Information

The presence or absence of allergies and untoward reactions to drugs and materials is recorded in a prominent and consistently defined location in all clinical records. This is verified at each patient encounter and updated whenever new allergies or sensitivities are identified.

Standard 6.F

Clinical Records & Health Information

Top Deficiencies Observed

- Allergies are listed but not the reactions
- Inconsistent recording of allergies
- Notation of allergies is not prominent
- No allergies are listed
- Allergies are not being updated
- Use of “NKDA “

Standard 6.F

Clinical Records & Health Information

Improvement Strategies

- Determine the cause, determine the extent.
- If isolated practice, solution is generally simple.
- If systemic, requires further analysis and plan.
- If electronic record, intervention may be more involved. Assess for knowledge; define workflows; train and monitor. Repeat intervention if needed.
- Conduct random chart audits
- Must include over-the-counter meds, materials and reactions

Standard 6.N.1

Clinical Records & Health Information

The Standard

- The organization ensures continuity of care for its patients.
- If a patient's primary or specialty care provider(s) or health care organization is elsewhere, the organization ensures that timely summaries or pertinent records necessary for continuity of patient care are:
 1. Obtained from the other (external) provider(s) or organization and incorporated into the patient's clinical record.

* ***2015 Handbook: this is Standard 6.O.1***

Standard 6.N.1

Clinical Records & Health Information

Top Deficiencies Observed

- No record of patient transfer
- No record of hospital discharge summary
- No record of specialty visit/consultation

Improvement Strategies: Referrals and Records

- Complex, important, no single solution
- Requires a systematic approach
- Ongoing struggle
- Quality improvement study in the making

* ***2015 Handbook: this is Standard 6.O.1***

Standard 6.N.1

Clinical Records & Health Information

Approach To Referral and Record Management

- Define the tracking method: paper, EMR, database
- Define how referrals are prioritized
- Create protocols and workflows
 - ✓ Did the patient complete the referral?
 - ✓ Did you receive the report?
 - ✓ Was it incorporated into the treatment plan?
 - ✓ Was the patient notified of changes?
- Track effectiveness
- Plan for additional interventions
- Need adequate resources
- May need tricks and arm twisting 😊

Standard 8.E

Facilities & Environment

The organization conducts scenario-based drills of the internal emergency and disaster preparedness plan:

1. At least one drill is conducted each calendar quarter
2. One of the quarterly drills is a documented CPR technique drill, as appropriate to the org.
3. A written evaluation of each drill is completed
4. Any needed corrections or modifications to the plan are implemented properly

Standard 8.E

Facilities & Environment

Top Deficiencies Observed

- One of the drills is not a CPR drill
- Organization does not conduct a drill each quarter
 - ✓ Missing drills vs. 2 required drills in one quarter
- Training sessions or discussions have been performed, but never conducted any physical drills
- There is no written evaluation or summary documenting that an actual drill that took place
- The written evaluation or summary documenting the actual drill (along with ways to improve) has not been shared with employees

Chapter 8:

Facilities and Environment

Some items surveyors will observe/review re: facilities and environment

Facility tour: clean, orderly, free of hazards?

Licenses, inspection reports

Records of emergency drills conducted

Current “tags” on fire extinguishers

Exit sign locations and types

Getting Ready Plan

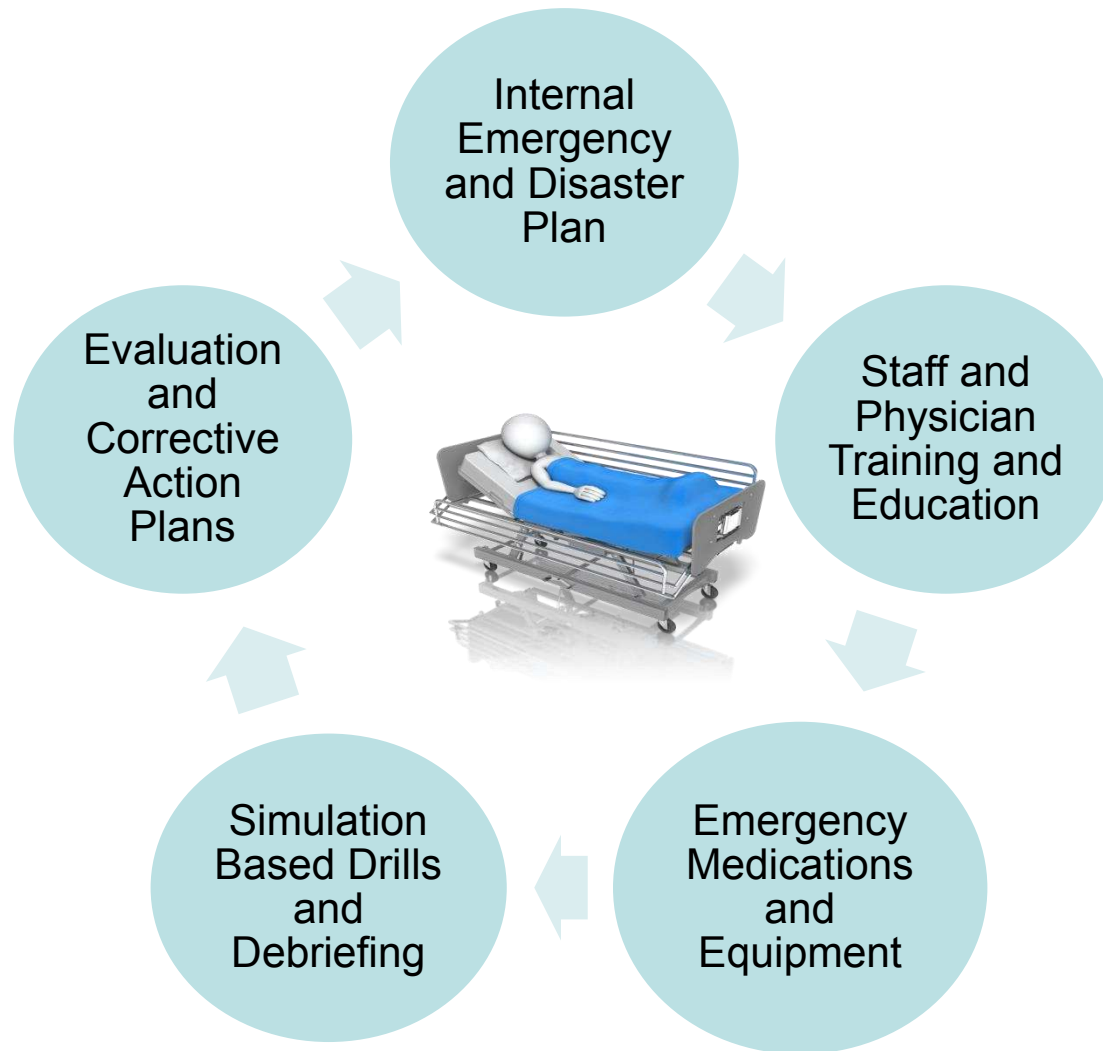


Internal emergency and disaster plan

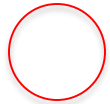
- Federal, state and local regulations
- Perform a risk assessment
- Review existing plan and relevant policies

Risk	Possibility 0 - Not Likely 1 - Very Low 2 - Medium 3 - High 4 - Very High	Impact 0 - None 1 - Some 2 - Moderate 3 - Significant 4 - Severe	Score
Cyber Attack			
Earthquake			
Facility Fire			
Flood			
Forest Fire			
Hazmat			
Hurricane			
Sabotage			
Terroist Attack			
Tornado			
Total Risk Score			
Multiply Possibility by Impact to score			
0 - 25 Low			
26 - 40 Moderate - DRP / BCP should be considered			
40 - 60 Considerable - DRP / BCP highly recommended			
60 and up - http://www.e-janco.com/DisasterPlanning.htm			

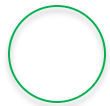
Addressing the elements of emergency management



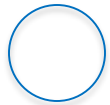
Annual calendar of emergency drills (example)



Fire



CPR



Hurricane



Intruder

January 2015

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2015

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2015

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2015

S	M	T	W	T	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2015

S	M	T	W	T	F	S
				1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2015

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July 2015

S	M	T	W	T	F	S	
				1	2	3	4
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

August 2015

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2015

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2015

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2015

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2015

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Detail the calendar (example)

	Fire	CPR	Intruder	Hurricane
1	Waiting room	Patient in post-recovery	Front desk	During hours
2	OR/laser room	Incapacitated physician/ anesthesia provider	Front desk	After hours
3	Gas room with power loss			
4	Pre-procedure room			

Training and education

✓ Check State Requirements

	Fire	CPR	Malignant Hyperthermia	Weather related
Education	Basic fire safety		Written protocol for recognition and treatment of malignant hyperthermia	<ul style="list-style-type: none">• Evacuation plan• Weather alert
Training	Use of portable fire extinguisher	<ul style="list-style-type: none">• BCLS• ACLS• PALS		
Participants	All Staff	Depends on job description	All clinical personnel with direct contact	All staff

Evaluation tool and corrective action plan

Type of drill:	Date
Participants:	Facilitator:
Checklist of events: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Corrective Action Plan: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Debriefing <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of completion of Corrective Action Plan: _____ Date Communicated: _____

Training Tracked for Participants (example)

Name	Title	Type of Drill			
		Fire	CPR	Intruder	Hurricane
K. Cat, RN	Nurse	1/5	2/19	3/19	3/2
G. Staples, MD	Physician	7/6	2/19	3/19	3/2
R. Miller	PA	4/6	8/20	9/17	11/12
L. Dime	housekeeping	4/6	N/A	N/A	3/2
J. Holt	Front desk	10/5	8/20	3/19	11/12
S. Peterson	Manager	7/6	2/19	9/17	11/12

Standard 8.E

Facilities & Environment

AAAHHC Resources

- AAAHC Triangle Times newsletter, Spring 2014, Standard Bearer column, page 4:
<http://www.aaahc.org/en/news/newsletters/TTimes/>
- Patient Safety “*Emergency Management*” Toolkit
http://www.aaahc.org/Global/pdfs/AAAHC%20Institute%20content/Patient%20Safety%20Toolkits/Emergency%20Drills_FINAL.pdf



Chapter 25: What's in Our Medical Home?

Principles for a Successful Medical Home

- Focus on provider/patient relationship
- Make the patient the center of care---
Informed, engaged, empowered.
- Provide accessible, comprehensive and continuous, quality (patient defined) care
- Collect and report data that are meaningful to the patient and the patient panel or population
- Improve and innovate

The Medical Home Standard

A. Relationship

- Patient perceptions, care team, patient education, patient understanding, address health issues, prevention, adequate time and resources

B. Accessibility

- Medical service, health information, written standards

C. Comprehensiveness

- Scope of services, self help resources, community resources

The Medical Home Standard

D. Continuity of Care

- Care team visits, referrals & consultations, follow up visits, missed and cancelled appointments, transitions of care, after hour care, phone and messages,

E. Quality

- Guidelines, metrics, quality monitoring and management, quality improvement

Overview of AAAHC

HRSA Accreditation/Patient Centered Medical Home Recognition Initiative (PAL 2015-02)



Perks to Participating

- Application and survey fee covered
- Nationally recognized accreditation
- Organization Accreditation and Medical Home Accreditation per site
- Marketing boost (clinic listed on AAAHC website)
- Provider recruitment
- Education, mentoring and resources provided

Participation In HRSA's Accreditation Initiative

- All centers must submit a Notice of Intent (NOI)
- Reviewed and processed by HRSA
- Notification to AAAHC from HRSA to begin the survey preparation and process
- AAAHC will contact organization to begin the process
- AAAHC handbook and resource materials sent

How do we begin?



Steps to Accreditation

- Timeline of Events
- AAAHC Handbook
- Pre-Survey Assessment
- Application/Scheduling
- Mock Survey (pending HRSA approval)
- On-site Survey

Timeline of Events

- Conduct / submit pre-survey self assessment
- Conference call with surveyor to review
 - Summary of findings sent to organizations
 - Request optional MOCK survey *
- Submit application
- Survey scheduled
- On-site Surveys
- Follow-up
 - Decision letter



* *Pending COR approval*

Pre-assessment preparation

- Select the time period the Pre-survey assessment will be conducted
- Identify the staff member(s) involved in the Pre-survey Assessment
- Utilize the selected Chapters checklist in the AAHC handbook as your guide
- Use the Pre-survey Assessment Tip Sheet to complete the assessment



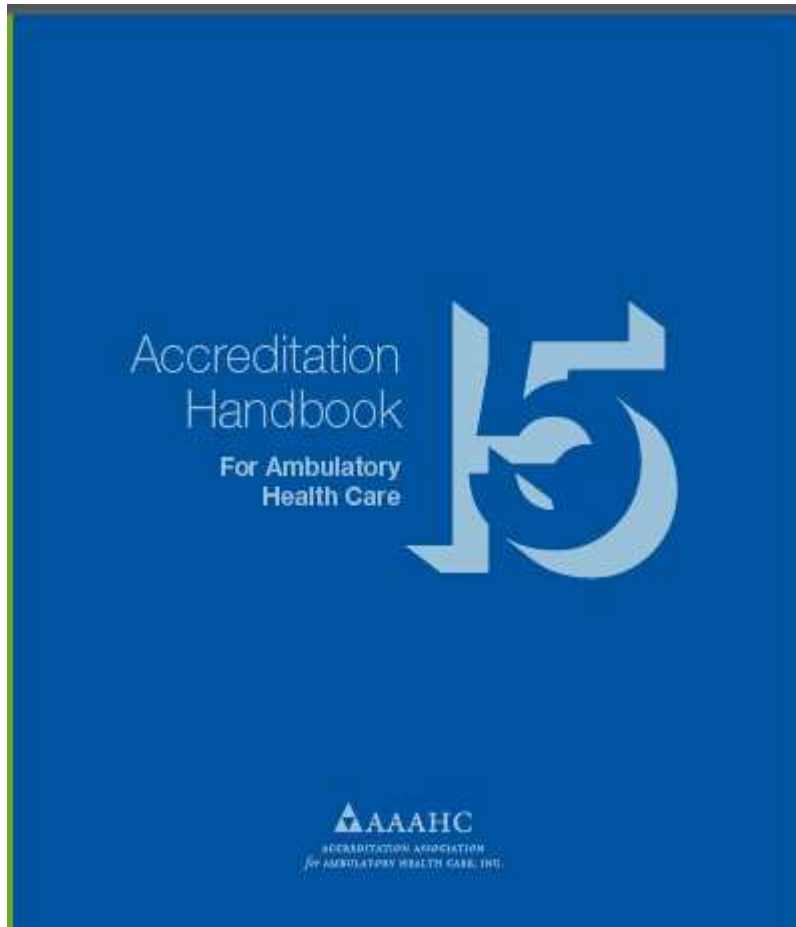
Conduct self-assessment



Measure your organization against AAAHC Standards – you'll probably find that you are doing very well and just need some refinements or tweaks

- Review policies and procedures; document any updates!
- Conduct a review of records: clinical, personnel, credentials, etc.
- Review logbooks and schedules for currency: maintenance, equipment, cleaning
- Conduct a mock survey and a walkthrough of the facility

Review Current Handbook



Core Chapters

- Chapters 1-8
- Applicable to all

Adjunct Chapters

- Chapters 9-24
- Applicable to those that apply

Medical Home

- Chapter 25

Chapter checklist

2. Governance

An accreditable organization has a governing body that sets policy and is responsible for the organization. Such an organization has the following characteristics.



Subchapter I – General Requirements: This subchapter describes general requirements for an organization and its governing body.

- A. The organization is a legally constituted entity, or an organized sub-unit of a legally constituted entity, or is a sole proprietorship in the state(s) in which it is located and provides services.
 - 1. The legally constituted entity is documented by at least one of the following: articles of organization, articles of incorporation, partnership agreement, operating agreement, legislative or executive act, or bylaws, unless the organization is a sole proprietorship.
- B. The names and addresses of all owners or controlling parties (whether individuals, partnerships, trusts, corporate bodies, or subdivisions of other bodies, such as public agencies or religious, fraternal, or other philanthropic organizations) are available upon request and furnished to AAAHC.
- C. The governing body addresses and is fully and legally responsible, either directly or by appropriate professional delegation,* for the operation and performance of the organization. Governing body responsibilities include, but are not limited to:
 - 1. Determining the mission, goals, and objectives of the organization.
 - 2. Ensuring that facilities and personnel are adequate and appropriate to carry out the mission.
 - 3. Establishing an organizational structure and specifying functional relationships among the various components of the organization.

Compliance

SC PC NC

	SC	PC	NC
I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard Rating

- For each Standard:
 - Assign a rating (see definitions on next slide)
 - (SC): Substantial Compliant
 - (PC): Partially Compliant
 - (NC): Non-Compliant
 - (NA): Not Applicable
 - Brief comment
 - “No policy written”
 - “Reappointment of privileges not documented in the
governing body minutes”
 - Location of content within the organization

Standard Rating

(SC) Substantially Compliant

Current operations are acceptable; meet Standard

(PC) Partially Compliant

Portion of the Standard is met, but area(s) need to be addressed

(NC) Non-Compliant

Current operations do not meet Standard

(NA) Not Applicable (in Core Chapters)

Does not apply to the organization

Next Step to Improvement

Standard Rating Deficiency	Rationale for Deficiency	Plan for Improvement (PFI) for each Standard Deficiency
Create a list of Standards receiving a PC or NC	Identify missing policies/procedures, processes and documentations	Identify corrective action(s)

Chapter Champions

Chapter	Title	Chapter Champion/Co-Champion	Target Date
1	Patient Rights and Responsibilities	Administrator	4/4/15
2.I	Governance	Administrator	4/4/15
2.II	Privileging	Medical Director	4/4/15
2.III	Peer Review	Medical Director	4/4/15
3	Administration	Administrator	4/4/15
4	Quality of Care	Staff Nurse	4/4/15
5.I	Quality Management and Improvement	Quality Manager	4/4/15
5.II	Risk Manager	Risk Manager	4/4/15

Pre-survey Assessment Call

- Organization goals and concerns
- Overall impression of pre-survey assessment by organization and surveyor
- Review of ratings and comments by surveyor
- Identify Specific Chapter/Standard concerns
- Review surveyor summary and recommendations
- Review plan for improvement
- Surveyor answers additional questions



Application for Survey Process

- Application Coordinator: Eliana Teran
eteran@aaahc.org
- Obtain the Application for Survey from
www.aaahc.org
- Application should be submitted 3 months prior to anticipated survey date
- Submit Supporting Documents



Scheduling for Survey

Scheduler : Jodie Ducatenzeller

jducatezeller@aaahc.org

- Organization is contacted for available dates for survey
- Surveyor team is assigned
 - Re-accreditation survey: Dates must be prior to accreditation expiration date
 - Ensure key people are available
- Confirmation email is sent to the organization's contact person

The Onsite Survey



- Typically 2-3 surveyors; 1-2.5 days
- Dates and time agreed upon time
- Opening orientation conference with key clinical and administrative leadership
- Brief tour of the facility
- Detailed inspection of the facility
- Review random selection of clinical records and credentialing and personnel files

More on the Onsite Survey

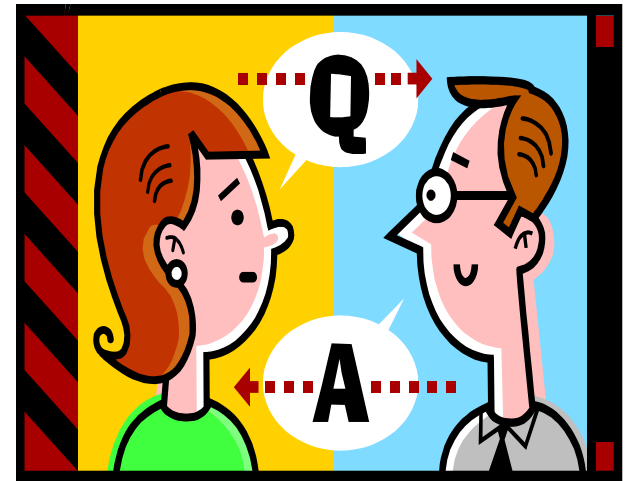


- Individual interviews with clinical,
- administrative staff and patients (Medical Home)
- Review organizational policies, procedures and other documentation to support compliance with the standards
- Observe surgical procedure, e.g., dental
- Summation conference held with key clinical and administrative leadership and board members to share survey findings

During the survey: Use your surveyor

- Surveyors are the eyes and ears of AAAHC
- Surveyors observe direct practice
- He or she knows what the Standards look like in action
 - Ask questions
 - Address issues

Just remember... surveyors don't make the accreditation decision.



Accreditation Decision with or without Medical Home

- Decision letter is sent to the organization typically less than 30 days following the survey

- 3 years



- 3 years with interim survey



- Non-accreditation



Accreditation Awards



Remember...



**KEEP
CALM**

AND

BECOME A

MEDICAL HOME

Getting Prepared: AAAHC Educates

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

 **triangle**times


Volume 2 | Issue 1 | Winter 2015


Lighten Up

The winter solstice is behind us and our resolutions are fresh. As we look toward a bright new year, AAAHC is contributing by shining a light on how accreditation builds capability in health care organizations.


The learning activities embedded in our accreditation process, and those we develop as additional resources for performance improvement, are an important focus for us this year.



 ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.



CONNECTION



January 2015

AAAHC on the road
If you're attending any of these upcoming conferences, please stop by our exhibit booth and say hello.

American Academy of Cosmetic Surgery
January 14-17
New Orleans, LA

12th Congress on On-Site Employee Health Clinics
January 22-23
Las Vegas, NV

American Academy of Dental Group Practice
February 11-14
Las Vegas, NV

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Never Events and Always Events

At a time when enormous energy (not to mention serious money) is expended on developing and reporting metrics and measures across health care settings, adverse events are top of mind and top the list of "things we need to track." Creating metrics for success is also important. Defining "always events" alongside "never events" can be a low- to no-cost way to build a culture of patient safety and satisfaction while enhancing organizational effectiveness.

Never Events: Preventing the Preventable

Most health care providers are familiar with the term "never events." These are serious adverse events that are largely

Getting Prepared: Spotlight on accreditation

Achieving Accreditation 2015: **Shining a light**

December 4-5
Las Vegas, NV

Encore at Wynn Las Vegas



Don't miss
the bonus APIC
workshop:
How Safe are your
Safe Practices?

 **AAAHC**
ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

5250 Old Orchard Road, Suite 200
Skokie, IL 60077

Improving health
care quality through
accreditation.

- Dec 4-5
Las Vegas, Encore at Wynn Las Vegas

Participants who meet the criteria for successful completion of this activity, can earn 11.0 contact hours. This continuing nursing education activity was approved by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



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