

1



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AAAHC

- ▶ Well suited for outpatient settings
- ▶ Over 6100 facilities
- ▶ Established in 1979
- ▶ Diversified into education
- ▶ Awarded deemed status for 6 years in November of 2018



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Deemed Status Mystery

- ▶ New licensed facility wanting to see and be reimbursed for Medicare patients
- ▶ Surveys look at compliance with the Federal Standards including life safety
- ▶ Success earns your CCN number
- ▶ Should you roll the dice with your state after you have your CCN number?

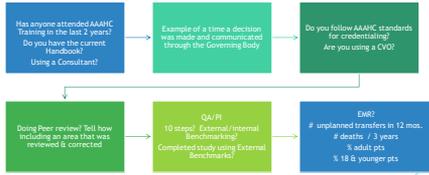
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Application Process A.-D.



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Application Process E. Survey Prep



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F. General Information Look Back 4 Years

- Investigations/Guilty
- Licensure Issues
- DEA Suspensions
- Malpractice

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Application Process G. Supporting Documentation



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H. & I. Attestation & Payment

Chief Medical Officer

Chief Administrative Officer

\$800.00 to \$1425.00
Application fee only!

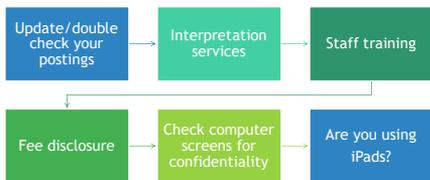
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Chapter 1 Patients Rights and Responsibilities

- ▶ No Revisions
- ▶ Patients are informed of the responsibility to provide a responsible adult to provide transportation home and to remain with them as directed by the provider or as indicated on discharge instructions.
- ▶ Medications = over-the-counter products, dietary supplements. Include in allergies.

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Chapter 1 To Do List



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Chapter 2 Governance/Credentialing

- ▶ One Revision: Governing Body MAY delegate the review of the credentialing applications
- ▶ Notes: 1. Document in a policy
2. Does not apply for a solo providers

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Chapter 2 To Do List



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Op Out States

- Alaska
- California
- Colorado
- Iowa
- Idaho
- Kansas
- Kentucky
- Minnesota
- Montana
- Nebraska
- New Hampshire
- New Mexico
- North Dakota
- Oregon
- South Dakota
- Washington
- Wisconsin



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**Chapter 2
Governance
Annual Checklist**

- ▶ Patients Rights and Responsibilities
- ▶ Policies and Procedures & EOP
- ▶ Contract review
- ▶ Delegated administrative responsibilities
 - ▢ Infection Preventionist
 - ▢ Governing Body
 - ▢ Privacy Officer
 - ▢ Safety Officer
 - ▢ Director of Nursing
 - ▢ Stand-in for Medical Director/ DON
 - ▢ Physician to oversee overnight care



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**Chapter 2
Governance
Annual Checklist**

- ▶ Key Programs - are they effective?
 - ▢ QA/PI Program
 - ▢ IC Program
 - ▢ Safety Program/Risk Management



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**Chapter 2
Credentialing/Privileging**

Outsourcing?
 Must be specific to your facility
 Timing should be perfect
 AAAHC elements are very specific
 NPDB and AMA are great problem solvers

References for Initial
 Peer review for renewals



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Chapter 2 Credentialing/Privileging

- ▶ Process defined in either bylaws or policy
- ▶ Temporary privileges may not be the answer
- ▶ Ongoing monitoring often problematic
- ▶ Solo practitioners often problematic
- ▶ Peer review expected per policy
- ▶ Ongoing monitoring expected, use for internal benchmarking

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Chapter 3 Administration Areas of Concern

- ▶ No Revisions
- ▶ Employee files
 - Job descriptions
 - Orientation 30 days
 - Reviews
 - I-9
 - OIG <https://exclusions.oig.hhs.gov/>
 - Hep B

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Chapter 3 Administration Areas of Concern

- ▶ Patient Satisfaction:
 - Ongoing system
 - GB reviews results
 - Corrective actions taken as needed
 - Confidential

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Chapter 4 Quality of Care

- ▶ No Revisions
- ▶ Notable Standard: Hospital Transfer Agreement
 - Transfer agreement
 - Requirement that physicians have admitting privileges
 - Written agreement with a physician or group that has privileges
 - Written plan for medical emergencies

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Chapter 5 Quality Management & Improvement

- ▶ One Revision
- ▶ The 10 steps are no longer detailed out in the standard.....yet they are still required.....
 1. Statement of Purpose
 2. Specific Performance Goal
 3. Describe Data
 4. Show Data
 5. Analysis of Data
 6. Compare to goal
 7. Corrective Action
 8. Remeasure
 9. Additional Corrective Action
 10. Communicate results

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Chapter 5 Quality Management & Improvement

ER/IC Surgery Center
Quality Improvement Study
November 2019

Timely Post-OP Phone Calls

Problem/Issue	Goal	Why?	Resolution of Issue
It was noted that post-op phone calls may not be being made on all patients consistently. The percentage of all patients received a post-op phone call. Without contacting the patients via post-op call, we have no idea of their completed outcome. It is the center policy to perform post-op phone calls. Additionally, we give our patients satisfaction via the post-op phone call so patient can we have no knowledge of the patient outcome.	Our goal is to make 100% of the calls. While we realize there is no way to RECALL each patient, we want to at least make the calls.	Quality need identified to measure when the procedure was performed and when the calls were actually made. The goal will be completed to meet other 4 needs of calls.	
See log sheets	After analysis it was determined that 100% of the calls were completed. While there is only a deficit of 1% it will be as low with the goal that we established.	While 100% is only a deficit of 1% it will as per as 100% of the calls were completed. While there is only a deficit of 1% it will be as low with the goal that we established.	
Corrective Action	See Discussion log sheets.	See Analysis	During the month of December 100% of the patients were received a post-op phone call.
Communication with Board	Communication with Board	Communication with Board	Communication with Board
The analysis showed a performance that exceeded the goal of 100% of the calls.	12/8/19 and 1/13/20	12/8/19 and 1/13/20	

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Chapter 5
QA/PI
Areas of
Concern

- No annual review
- Not just quality activity
- Unclear goals
- No Benchmarking
- Re-measurement not applies to apples

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Benchmarking Opportunities

- ▶ <https://www.ascquality.org/qualityreport>
 - Burns, falls, transfers, admissions
- ▶ State organizations
- ▶ AAAHC
- ▶ Associations



ASC Quality Collaboration

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Chapter 5
Quality Management & Improvement
Risk Management

- ▶ One Revision
- ▶ Risk management program includes written policies.....
 - Patient dismissal from care
 - Incapacitated HCW
 - Impaired HCP
 - After ours care and documentation
 - Observers - patient consent



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Chapter 5 Quality Management & Improvement Risk Management

- Near miss/adverse events
- Reportable events
- Facility/HCP litigation/insurance co
- Patient complaints
- Review of clinical records and policies

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Chapter 6 Clinical Records and Health Information

- ▶ No revisions
- ▶ Areas of Concern
- ▶ Timely transmission of reports to outside providers if they are elsewhere - this is a two-way situation
- ▶ Most frequent citation - **allergies** without reactions
- Must include medications, food, OTC, materials, environmental factors in a consistent location
- Inconsistent use of NKDA vs NKA
- Nurses and anesthesia don't always agree

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Chapter 6 Clinical Records To Do's

- ▶ Designated person in charge
- ▶ Monitoring
- ▶ Security - unauthorized access
- ▶ Release upon request
- ▶ Destruction/retirement
- ▶ Medications given
- ▶ Discharge diagnosis, disposition, instructions
- ▶ Missed or cancelled appointments

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Chapter 7 Infection Control

- ▶ Two Revisions
- ▶ Written policies identify people authorized to be in patient care areas
- ▶ Tuberculosis respiratory protection program now referred to tuberculosis detection and protection plan

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Chapter 7 Infection Control Areas of Concern

- ▶ IP training not current or relevant to sterilization or cleaning
- ▶ Failure to follow IFU's 
- ▶ Construction Risk Assessment - FGI <https://fgiguidelines.org/resource/chd-safety-risk-assessment-toolkit/>
- ▶ COVID Risk Assessment <https://www.aaahc.org/what-you-need-to-know>

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COVID Waivers or Deferred

- ▶ Drills
- ▶ Application of policies
- ▶ Meetings
- ▶ BLS, ACLS, PALS
- ▶ Reappointments
- ▶ Inspections

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Chapter 7 Infection Prevention To Do's

- ▶ Reference for policies and program
- ▶ Risk assessment
- ▶ Immediate corrective action
- ▶ Observation of sterile packs for compliance
- ▶ Sharps program - secured sharp containers
- ▶ Know your state process to report patient/employee conditions
- ▶ Cleaning policies

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Chapter 7 Safety Requirements To Do's

- ▶ Governing Body approval
- ▶ Process to identify hazards, threats, near misses, safety concerns (risk assessment)
- ▶ Prevention strategies for medication errors, falls, skin & tissue injury
- ▶ Risk assessment for hazardous materials and waste
- ▶ BLS employee
- ▶ Recall policy
- ▶ Temperature monitoring
- ▶ Fire prevention and safety
- ▶ Exposure control risk assessment

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Chapter 8 Facilities and Environment

- ▶ One edit
- Documentation demonstrates compliance with building codes and regulations

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Chapter 8 Facilities and Environment Areas of Concern

- ▶ Hallways not clear
- ▶ Fire Extinguishers blocked
- ▶ Drill documentation is weak
- ▶ Monthly fire extinguisher check not logged



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Chapter 8 Facilities and Environment To Do's

- ▶ Fire extinguishers at least 75ft.
- ▶ Monthly inspections of extinguishers
- ▶ Annual inspection of extinguishers by vendor
- ▶ If more than 5 gallons of flammable liquid 20B or larger extinguisher within 50 feet
- ▶ Emergency lighting
- ▶ Fire alarm inspection, testing, and maintenance per IFU
- ▶ Exit signs
- ▶ Facility clean and properly maintained & without fall hazards
- ▶ Emergency and Disaster Planning
- ▶ Equipment maintenance

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Chapter 8 Drills

- ▶ Quarterly disaster drills
- ▶ Scenario based
- ▶ Annual evacuation
- ▶ CPR annually
- ▶ Fire alarm pulled during fire drills



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Drill Summary

- ▶ Quarterly fire drills (pull alarm) - CMS
- ▶ Quarterly disaster drills - AAAHC
- ▶ Annual cardiac arrest - AAAHC & CMS
- ▶ Annual MH - AAAHC & CMS
- ▶ Annual community-based participation - AAAHC & CMS
- ▶ Annual evacuation - AAAHC & CMS

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Chapter 9 Anesthesia Services

- ▶ One edit
- Definition of supervision:
 1. the program
 2. the individuals



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Chapter 9 Anesthesia Areas of Concern

- ▶ Equipment maintenance
- ▶ RN's officially trained on conscious sedation
- ▶ Pharmacy issues with providers
 - Counts
 - Single dose vials
 - Swabbing new vials
 - Pre-filling syringes



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Chapter 9 Anesthesia To Do's

- ▶ Double-check DOP
- ▶ Delegate who will oversee the program
- ▶ Consent completion
- ▶ Decide on emergency drugs and equipment; AED or defibrillator?
- ▶ Pre/Post anesthesia assessment
- ▶ Chart audits to match with policy
- ▶ Pain assessment plan
- ▶ 1 ACLS person on staff
- ▶ Pediatric cases?
- ▶ MH drills?

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Triggering Agents

According to the Malignant Hyperthermia Association of the United States (MHAUS), the following agents approved for use in the U.S. are known triggers of MH:

inhaled general anesthetics, halothane, desflurane, enflurane, ether, isoflurane, sevoflurane, and succinylcholine.

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Chapter 10 Surgical and Related Services

- ▶ Site Marking
 - Written policy
 - Definition of "surgical team"
 - Patient involvement
 - Person marking attends the "time out"
 - Site marking documented in the clinical record

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Chapter 10 Surgical Services Areas of Concern

- ▶ Oversight of surgical services should be on the job description of the Medical Director.
- ▶ Physician present or immediately available by phone if patient in facility.
- ▶ Assessment for the risk of DVT.
- ▶ H & P within 30 days.
- ▶ Removal or covering of patients clothing, unless non-sterile procedures.
- ▶ Scrubs from home.
- ▶ Laser policies specific to unit and overseen by Medical Laser Safety Officer.
- ▶ Complete documentation for lithotripsy.



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Chapter 11 Pharmaceutical Services



- ▶ Two new standards
 - Medication inventory is monitored to track presence or absence of high alert, look alike, and confused drug names www.ismp.org
 - Vaccine Management - store, handle, administer - CDC guidelines



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Chapter 12 Pathology and Medical Laboratory Services

- ▶ Three new standards
 - What does your state require for CLIA?
 - Proficiency Testing
 - Does the IFU indicate approved for CLIA? (test kits, devices, supporting supplies)



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Chapter 13 Diagnostic and Other Imaging Services

- ▶ No changes
- ▶ Areas of Concern:
 - Follow state rules for staffing.
 - Equipment maintained.
 - Proper warning signs.

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Chapter 20 Overnight Care and Services

- ▶ No changes
- ▶ A few things to remember.....
 - Governing Body to appoint a physician to supervise the program (DOP)
 - Providers who admit patients must have been approved by the Governing Body to do so (DOP)
 - Must have a transfer agreement OR ASC admitting physicians must also have hospital admitting privileges.

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Feel free to contact me for further discussion or questions.

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