



The Accreditation Process

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Mission

Patient Safety is the Mission of the American Association for Accreditation of Ambulatory Surgery Facilities, Inc (AAAASF)



About AAAASF

- Established in 1980
- Peer based inspection process
- Educational not punitive
- 100% compliance with standards
- Board certified or eligible medical specialists
- Hospital privileges for procedures performed in facility



Why Accreditation?

- Self-regulation reduces the need for government regulation
- Statistical data indicates accreditation improves outcomes
- Better informed patients demand higher standards of care



Collaboration with State Legislators

- 27 States have guidelines or regulations
- Recognize accreditation in lieu of state licensure
- Cost containment-takes burden from state agencies
- Established program proven effective
- Adequate inspector pool and reporting system



Accreditation Program

3 Year Accreditation Cycle

Initial On-site Inspection Survey

2nd Year and 3rd Year Self Evaluation

Re-inspection On-site Inspection Survey

No reciprocal inspections

No concurrent inspections



AAAASF # 1 Goal: Patient Safety



- Collaborative efforts
- Physician Credentialing
- Standardized Care
- Safe Environment
- Continuing Education

Puts patient safety first & achieves a common goal.



Accreditation Programs

- ASC/OBS Surgical Accreditation
- ASC/OBS Procedural Accreditation
- ASC/OBS Oral & Maxillofacial Surgery
- Medicare Ambulatory Surgery Centers
- Medicare Outpatient Physical Therapy
- Medicare Rural Health Clinics



Facility Classification

Classified by type of anesthesia

- A = Local Anesthesia
- B = IV anesthesia
- Cm = IV anesthesia (including propofol)
- C = General anesthesia



Process

- Submission of application
- All materials checked by staff
- Inspector assigned
- Inspection performed
 - Meeting with key staff
 - Walk through the environment
 - File review
 - Interviews with staff and medical director
 - Summation conference
- Report submitted
- Deficiencies corrected
- Accreditation conferred



Accreditation Program

Ten Areas of Inspection include:

1. General Environment
2. Operating Room Environment, Policy & Procedures
3. Recovery Room Environment, Policy & Procedures
4. General Safety in the Facility
5. Blood and Medications
6. Medical Records
7. Quality Assessment/Quality Improvement
8. Personnel
9. Governance (Medicare only)
10. Anesthesia

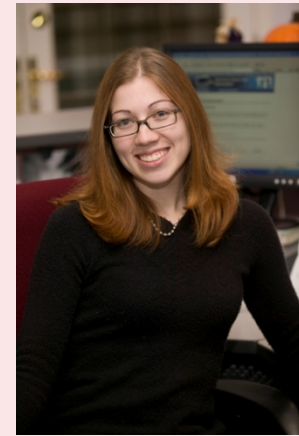
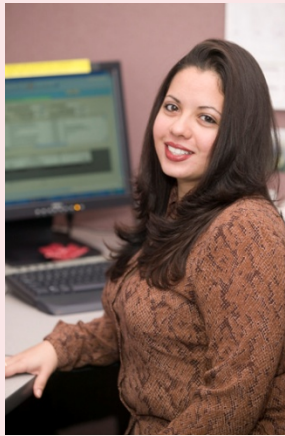


Personalized Services

- Online option
- Assigned accreditation specialist assistance
- Floor plan review for new facilities
- Clear explanation of deficiencies
- Published transparent rates



Accreditation Assistance





Inspector Training Program



- Certified Surveyors receive ongoing updates
- Written Examination
- Performance evaluation by QA Committee
- Surveyor Mentoring for Medicare Program



Patient Safety Initiatives and Statistics

- AAAASF mission is to ensure the highest quality of patient care through an accreditation program that serves both the medical community and the public interest
- Peer review reporting system collects statistical data for quality assurance measures
- Good data improves patient care
- AAAASF accredited facilities are associated with a low incidence of unanticipated sequelae



MOST COMMON DEFICIENCIES

1. NO BOUND NARCOTIC LOG
 2. NO CONSENT FOR PEER REVIEW OF MEDICAL RECORDS
 3. NO TIMELY H&P OR OR REPORT ON CHART
 4. NO PROTOCOL FOR DISABLED SURGEON OR ANESTHESIOLOGIST
 5. INADEQUATE OR NON-EXISTENT PEER REVIEW
 6. NO WEEKLY SPORE TEST OF STERILIZER
 7. INADEQUATE OR NON-EXISTENT PERSONNEL FILES
 8. NO YEARLY UPDATE OF EXPOSURE CONTROL OR HAZARD COMMUNICATION PLAN
 9. INADEQUATE NARCOTIC STORAGE
 10. IMPROPER SEPARATION OF DIRTY – CLEAN AREAS IN UTILITY ROOM
- NO ADA COMPATIBLE BATHROOM; NO EMERGENCY PROTOCOL; OUTDATED FIRE EXTINGUISHERS; NO EMERGENCY LIGHTING; NO EXIT SIGNAGE; INADEQUATE INSPECTION OF EQUIPMENT



ADDITIONAL MEDICARE PROGRAM REQUIREMENTS

- DEAL PRIMARILY WITH PHYSICAL PLANT
- INFECTION CONTROL and QAPI REQUIREMENTS

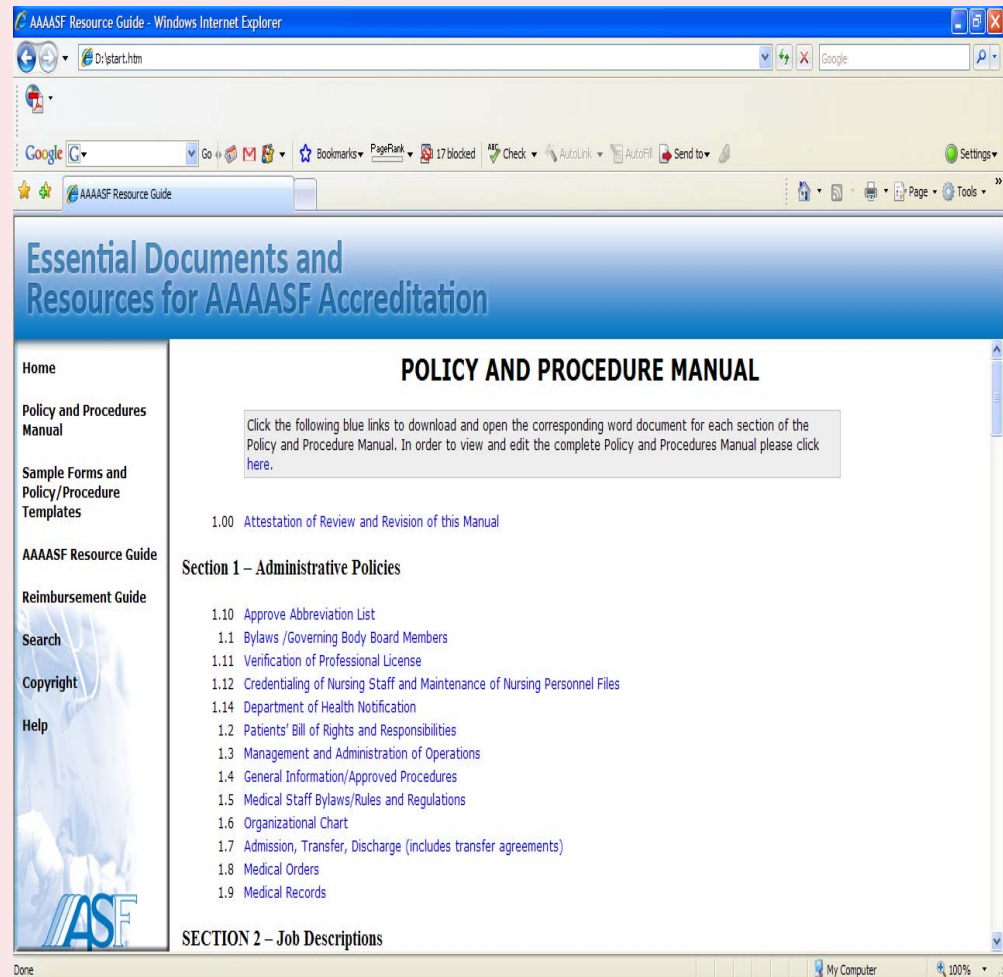


- Policy and documentation requirements can seem daunting
- Essential documents and resources for AAAASF accreditation on CD





- **14 SECTION POLICY AND PROCEDURES MANUAL:**
- Administrative Policies
- Job Descriptions
- Infection Control
- Quality Assurance
- Surgical Services
- Anesthesia Services
- Ancillary Services
- Nursing Services
- Environmental Services
- Fire, Safety and Disaster
- Supplies and Equipment
- Personnel Procedures
- Pre\Post Operative Procedures
- Operative Procedures





AAAASF Resource Guide - Windows Internet Explorer

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AAAASF Resource Guide

Essential Documents and Resources for AAAASF Accreditation

Sample Forms and Policy/Procedure Templates

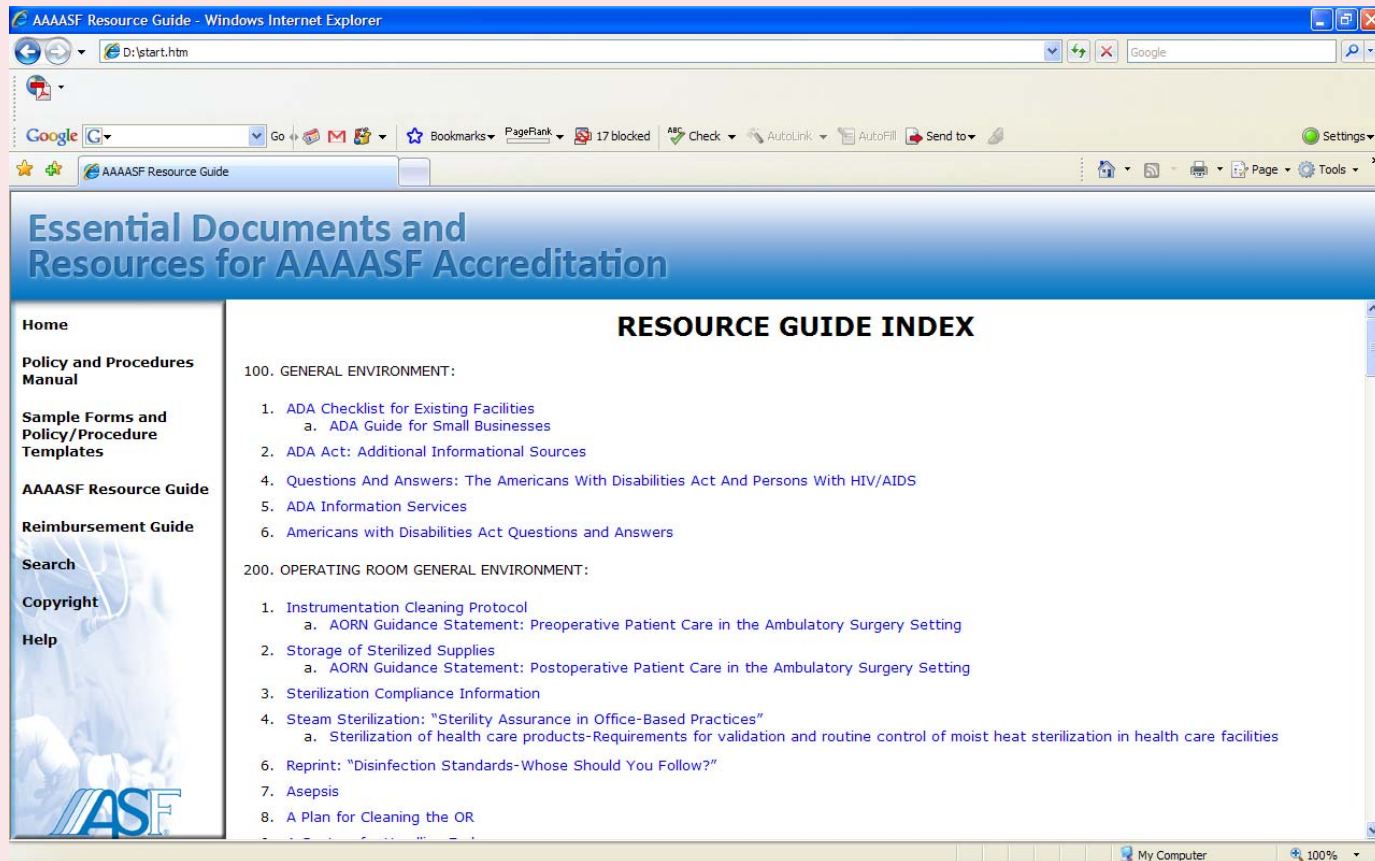
Home		
Policy and Procedures Manual	200.14	ANESTHESIA MACHINE SERVICING CHECKLIST
	200.15	FACILITY CHECKLIST
Sample Forms and Policy/Procedure Templates	300.01	RECOVERY ROOM RECORD
	400.11	FIRE SAFETY PLAN - FIRE DRILL
	400.13	PLAN FOR SECURITY EMERGENCIES
	400.14	CARDIOPULMONARY RESUSCITATION
AAAASF Resource Guide	400.15	RESPIRATORY EMERGENCY
	400.16	CARDIAC EMERGENCY
Reimbursement Guide	400.17	EMERGENCY PROTOCOL
Search	400.18	RECORD OF CODE BLUE
Copyright	400.19	PLAN FOR POWER FAILURE
Help	400.20	TRANSFER AGREEMENT
	400.21	PLAN FOR EMERGENCY TRANSFER TO HOSPITAL
	400.22	PATIENT TRANSFER RECORD
	400.22a	CONSENT FOR TRANSFER
	400.23	PLAN IF SURGEON BECOMES INCAPACITATED
	400.24	PLAN FOR EARTHQUAKE DISASTER
	400.25	PLAN FOR EMERGENCY EVACUATION OF PATIENTS
	500.01	POLICY FOR NARCOTICS SECURITY
	500.02	PROTOCOL FOR NARCOTIC AND CONTROLLED SUBSTANCES
	500.03	NARCOTIC LOG AND INVENTORY
	600.01	PRE-OPERATIVE ASSESSMENT/CHECKLIST
	600.03	ANESTHESIA RECORD
	600.05	ANESTHESIA EVALUATION AND FOLLOW-UP RECORD

My Computer

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• RESOURCE GUIDE





Thank you!