
# Introduction

Presented by:

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# Objectives

- History
- Programs
- Culture
- Technical Details

# Mission

- Patient Safety is the Mission of AAAASF
- Supports initiatives to improve patient safety through partnerships

# About

- Established 1980
- Peer-based
- Educational
- 100% compliance
- Continuous quality improvement

# Programs


- NEW program in Pediatric Dentistry launched May 2019
- 3 Medicare programs approved by US federal government
- Individual approvals by US states
- ISQua certified 2015
- 2,700+ accredited centers world-wide

ISQua
International Society for Quality in Health Care

# RHC Expansion

- Why involve a surgery organization?
- Tier system made RHC and OPT underserved
- History of responsiveness
- Supportive culture
- Engaged RHC subject matter experts

# Integration

- NARHC and State meetings
  - CA, LA, KY, MO, TX, etc.
- NOSORH – Portland
  - Trained LA personnel
- CMS touch points
- Rural Health Information Hub

# Duty

- Assess safety
- Standardize practices
- Focus on federal regulations
- Begin data driven standards revisions
- Educate facilities

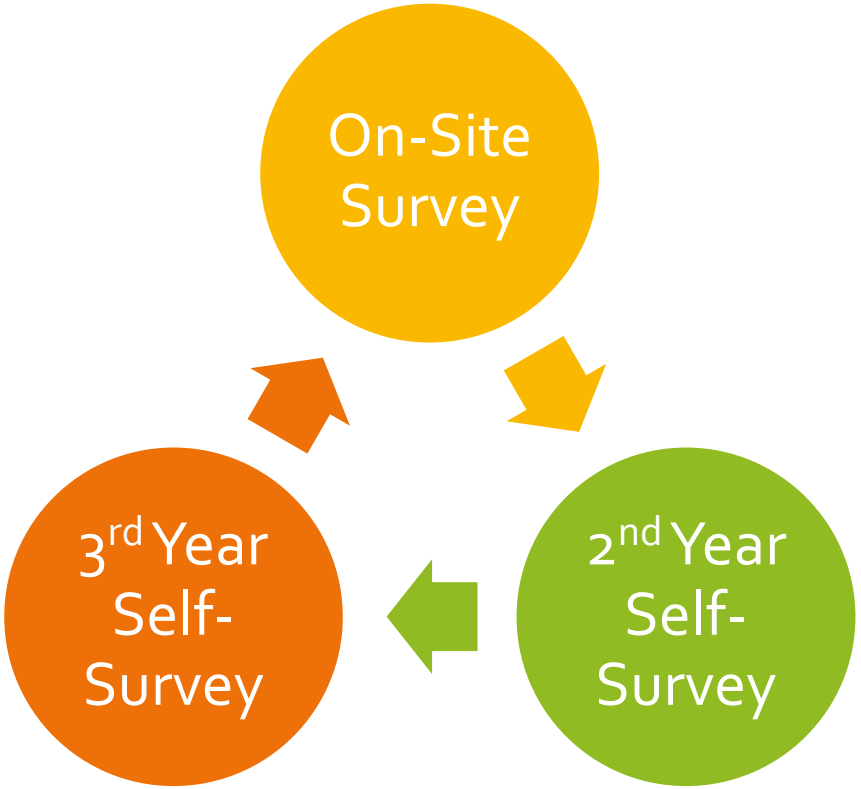
# Approach

- Integrative philosophy:
  - Practice rules
  - Professional training
  - Local laws, regulations, and barriers
- Work directly with states & regions
  - Report compliance
  - Collaborate on investigations

# Collaboration

- Effective programs require focused expertise
- Engage providers to ensure safety without noise
- Example:
  - Approached in 2010
  - Task force, association leadership – faculty
  - Learn unique aspects of RHC - ongoing
  - Train RHC surveyors
  - Became approved 2012

# Accreditation Cycle




- No reciprocal surveys
- No consecutive surveys
- Surveys after facility moves and remodels

# RHC Mechanics

- New applicants - Initial Surveys, even if otherwise participating
- CMS has no method for removing eligibility
- Any refiling requires re-evaluation of eligibility
  - CHOW
  - Move
  - Transfer

# Non-cycle Actions

CHOW's - Clinic Moves

- Update 855A through FI/MAC
- Evidence of completed change
- Notify AAAASF - survey
- AAAASF recommends to CO, SA, and RO

# Survey

- Staff assists from application
- Survey
  - Meeting
  - Walk through
  - Document review
  - Interviews
  - Exit conference
- Conferral includes notice to CMS

# Summation Conference

- Clinical leadership and critical staff
- Discuss each citation
- Create dialogue
  - Educational, consultative service
  - Suggest corrective practices if possible
- Facts only
- May include helpful tips
- Decisions made centrally

# Post Survey

- Survey report within 10 days
- Standard deficiencies = PoC
- Condition = another survey
  - Deferral
  - Focus
- Evidence of Corrections
- Board Approval
- Recommendation to CO, SA, and RO

# Recommendation

- Initial surveys
  - Must await tie-in and CCN up to 180 days
  - Bill retroactively to "Effective Date"
- Re-survey process assumes continued deemed status
  - Even if beyond expiration
  - Continue to bill
- Termination by AAAASF passes oversight to the SA
  - AAAASF notice
  - CMS may be influenced by AAAASF

# Standards

100 Purpose and Scope

200 Definitions

300 Certification Procedures

400 Federal, State & Local Laws

500 Location of Clinic

600 Physical Plant and Environment

700 Organizational Structure

800 Staffing and Staff Responsibilities

900 Provision of Services

1000 Patient Health Records

1100 Program Evaluation

1600 Emergency Preparedness

# Most Commonly Cited Deficiencies

| Standard | CMS CFR | Standard Text | Common Findings |
|---|---|---|---|
| 1000.010.020 | 491.10(a)(3)(i) | The clinic maintains a record for each patient receiving health care services, identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient. | Lack of:<br>• Consent<br>• Advance Directives<br>• Response to Allergies<br>• Bleeding Tendency<br>• Medical History |
| 600.010.020 | 491.6(b)(2) | The clinic keeps the drugs and biologicals appropriately stored. | • No date or initials when opened<br>• Unlocked (w/Keys)<br>• Expired<br>• Refrigerator unchecked |
| 600.010.015 | 491.6(b) | The clinic has a preventative maintenance program to ensure that all essential mechanical, electric and patient-care equipment is maintained in safe operating condition. | • Evidence of program/checks<br>• Before initial use & after repair |

# Most Commonly Cited Deficiencies cont.

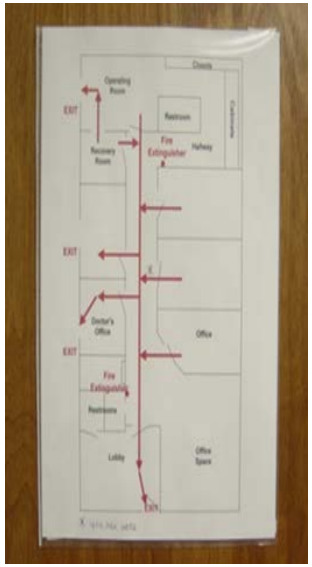
| Standard | CMS CFR | Standard Text | Common Findings |
|---|---|---|---|
| 600.010.035 | 491.12(d) | Emergency Preparedness -<br>The clinic assures the safety of patients in case of nonmedical emergencies by training staff to handle emergencies. | • Must include everyone on staff<br>• All hazards approach |
| 1600.10.004 | 491.12(a)(2) | Emergency Preparedness –<br>The plan must include strategies for addressing emergency events identified by the risk assessment. | • Natural disasters specific to that area<br>• Must include natural and man-made emergencies |
| 700.010.030 | 491.6(b) | The clinic has clearly disclosed the name and address of the person principally responsible for directing the operation of the clinic. | • Lack of organizational chart/documentation<br>• Must include staff responsibilities/functions |

# Most Commonly Cited Deficiencies cont.

| Standard | CMS CFR | Standard Text | Common Findings |
|---|---|---|---|
| 1600.010.032 | 491.12(d)(1) | Emergency Preparedness -<br>The training program must consist of initial training in emergency preparedness policies and procedures to all new and existing staff, individuals. | • Must include contracted providers & volunteers<br>• Initial training and annual training thereafter |
| 1600.010.003 | 491.12(a)(1) | Emergency Preparedness –<br>The plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. | • Work with other healthcare facilities and/or agencies<br>• Lack of contingency plan<br>• Must consider all essential business functions |
| 1600.010.029 | 491.6(c)(4) | The communication plan must include a means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4). | • HIPAA compliant<br>• Access and transfer of electronic information |

# Additional Compliance Notes

- Evacuation maps should have directions
- Cleaning must be thorough and appropriate
- Demonstrate rational process for standards requiring decisions
- Required labs must be performed



# Clinic Quality

- Ensure ongoing compliance
  - Retrospective look at records throughout the cycle
- Promote optimal patient safety
  - Validation surveys - 5%
  - Additional unannounced surveys - discretionary
  - Investigative surveys - for-cause

# Scholarship

- Patient safety initiatives and statistics
- Peer review system collects statistics for quality assurance
  - Good data improves patient care
  - Prompts data-driven standards revisions
- AAAASF accredited facilities are associated with a low incidence of unanticipated sequelae
- Data use partnership with Harvard maximizes the data's impact
  - Researchers produce scholarly articles on safety and quality
  - "National Mortality Rates after Outpatient Cosmetic Surgery and Low Rates of Perioperative Deep Vein Thrombosis Screening and Prophylaxis." *Plastic and Reconstructive Surgery,142*(1), 90-98.
  - "Quantifying the Crisis: Opioid Related Adverse Events in Outpatient Ambulatory Plastic Surgery" *Plastic and Reconstructive Surgery* revisional stage

# Surveyors

- Peers – physicians, nurses, nurse practitioners working in RHC's
- Attend training course
- Pass written examination
- Complete an on-site survey observation*

# Training

- Expert faculty - from the same setting
  - Balance subject matter expertise, standards familiarity, and practical knowledge
  - Administrators discuss procedures
- Approach - multi-faceted
  - Substance: text and requirements
  - Methodology: explore ways to test
  - Philosophy: improving patient safety
  - Mechanics: documentation requirements

# Evolution

- Expanding expertise through engagement
  - AAOMS helped create standards and training for oral surgery
  - NARHC experts to craft training and serve as rural health faculty
  - NARA resources create training and serve as therapy faculty
  - Incorporated anesthesia and gastroenterology perspectives
  - UAE and Dubai health agencies for regional sensitivities
  - Ancillary regulations (e.g. chemicals)
  - Medical practice guidelines
  - Share knowledge and technique with government surveyors

# Surveyor Quality

- Facility and peer feedback, aggregate data, and validations
  - Quantitative and qualitative surveyor feedback
  - Senior surveyors assess the ability of trainees to survey*
  - System aggregates performance metrics to
  - Validation surveys assess the previous survey team
  - Complaints may prompt additional review
- Annual Review of all surveyors
- Ad hoc review based on any of the above
- Remedial action against surveyor
- Improve training and materials

# Value

- Strives for unbiased evaluations
- Consistent survey method and application
- Peer surveyors empathize with challenges
  - Make clear citations
  - Suggest corrective actions
  - Identify best-practices, beyond citations
- Yes or No standards designed for objectivity
- Evidence of corrections requirement helps ensure adequate measures that are sustainable

# Partners

- AAAASF sees the Clinics and Surveyors as our partners in patient safety
  - Programs improve through shared experience
  - Share thoughts about standards, processes, etc.
- AAAASF revises tools, standards, and philosophy
- Exemplary service relies on input from all stakeholders
- ORHs play a unique role by providing multi-site input

# Investigations

- Initiated by a complaint, adverse incident, media, or surveyor findings
- Triage case and initiate investigative review
- May perform unannounced survey
  - Full survey or focused on areas of concern
  - Clinic is responsible for corrections
- Investigative actions:
  - No Action
  - Probation
  - Suspension
  - Termination

# Immediate Jeopardy

"A situation in which provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a [patient]."

# Tips

- Review Standards manual prior to survey
- Conduct an evaluation of the RHC
- Contact Accreditation Specialist with questions
  - Pre-survey
  - During
  - Post-Survey
- At all points in the process, our staff will assist the facility with carrying out corrective actions

# Economical

- Recognize financial constraints
- Endeavor to contain costs
- Geographically sourced surveyors
- Central administration and processing

# Fees

- < 2 FTE - $1,690  annual fee
- 2-4 FTE - $2,140 annual fee
- > 4 FTE - $4,080  annual fee
- 10% discount on annual fees for NARHC members
- Every 3 years – Survey fee - $1,400
- Facilities contract for 3 year cycle
- Partnership with multi-site corporate clients

# Questions

# Thank You

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