



# CONNECTION

## Achieving Accreditation extends to two full days for 2012!

We've retooled the schedule for our popular educational program to give you more: More time to network; more time to process what you've learned; more time to tailor the conference to your interests and needs. Beginning in 2012, in addition to an overview of the core Standards through the eyes of expert surveyors, practice setting-specific breakout sessions, and in-depth analysis of the 10 elements of quality improvement studies, you now can select the three Saturday afternoon sessions that will matter most to you and your organization.



Join us in:

### **Orlando, FL**

March 16-17

Hilton Walt Disney World Resort

### **Portland, OR**

June 15-16

Marriott Downtown Waterfront

### **Chicago, IL**

September 14-15

Hyatt Regency Downtown

### **Las Vegas, NV**

November 30-December 1

Bellagio

## 2012 Publications

The 2012 *Accreditation Handbook for Ambulatory Health Care* and 2012 *Accreditation Handbook Including Medicare Requirements for Ambulatory Surgery Centers (ASCs)* will begin

January, 2012

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### AAHC on the road

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

Las Vegas, NV

#### **American Academy of Cosmetic Surgery**

January 18-22

National Harbor, MD

#### **Military Health System Conference**

January 31 - February 1

Las Vegas, NV

#### **American Academy of Dental Group Practice**

February 1-4

Huntington Beach, CA

#### **Community Clinic Association Annual Health Care Symposium**

February 17

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shipping from the AAAHC headquarters the first week in March. Orders are filled in the order they come in, so we recommend pre-ordering your publications as soon as possible.



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For further information or to order AAAHC publications, please visit [www.aaahc.org](http://www.aaahc.org) and click on Publications.

## Ask the Expert: Hand washing compliance

**Q. Where can I find hand washing education specifically geared to physicians? We have a good program but some of our providers, and staff, too, just can't seem to "buy into" the importance of hand washing at those key moments of patient care. Can you help?**

**A.** Hand washing and infection control is everyone's business and everyone benefits from its correct implementation. The simplicity of this statement belies the difficulty of both buy-in and enforcement. So how do you get all care providers in your organization to be conscientious about doing the right thing for the patient?



I would suggest a two-fold approach:

1. **Identify a physician champion.** This should be a respected member of the medical staff who will lead the campaign and partner with your infection control nurse. Even a recent convert makes a very effective champion! Often arming someone with oversight of the big picture with facts and numbers can provide a good reality check on how the simple act of hand washing can affect you, your business, and most of all, the patients that have entrusted your organization with their care.
2. **Present evidence-based information.** One method to promote buy-in by physicians is to have your facility's liability carrier come talk to your care givers about the cost that poor hand-washing and lack of overall infection control can have on an organization.

Present infection statistics not only from the point of view of the physical damage it can do to a patient but also in terms of the financial benefits that effective hand washing has on the bottom line: fewer claims, less staff out sick, less chance of bad publicity leading to loss of business leading to fewer payments from Medicare, etc.

3. **Make it a living program.** By building discussion (of infection control generally and hand-washing specifically) into medical staff meetings, governing board meetings, in-

services, and partnership meetings, it becomes a part of the everyday culture. Hopefully, the concept evolves into a natural part of doing business the right way.

4. **Communicate requirements for compliance.** Make sure everyone knows about regulations that are necessary for participating in the Medicare program and for accreditation.

Changing habits can be challenging. Keep up the effort to improve; it's the right thing to do!

*The expert for this issue is AAAHC surveyor, Gayle C. Lowe, RN, BSM. Ms. Lowe has been a surveyor since 1994, serves on the Standards and Survey Procedures Committee, and is a faculty member for Achieving Accreditation and for surveyor training.*

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### **Play it safe: Use a safe surgery checklist**

The Centers for Medicare & Medicaid Services (CMS) recently announced that all Medicare-certified ASCs must report whether or not they used a safe surgery checklist in 2012. Although no financial penalties will be incurred by an ASC that reports that it did not use this checklist, CMS intends to make these reports public.



### **Follow us on LinkedIn and like us on Facebook**

We're working to set up practice setting-specific groups on [LinkedIn](#) to allow you to connect with colleagues on issues of interest.

You can also find us on [Facebook](#) where we post news updates, links of interest, and photos.



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If you have questions or comments, please contact Angela FitzSimmons at [afitzsimmons@aaahc.org](mailto:afitzsimmons@aaahc.org).

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