



CONNECTION

July, 2010

Mark your Calendars for the 2011 Standards Public Comment Period

AAAHC is seeking public comment for the proposed revisions to its standards for 2011. Interested parties, such as AAAHC-accredited organizations, surveyors, member organizations, medical specialty groups, regulatory agencies and the public at large are invited to review and provide comments on the proposed revisions.



In order to streamline the process, the 2011 Public Comment worksheet will be entirely electronic this year. **Beginning August 2nd and running through the 31st**, there will be a link on www.aaahc.org directing you to the revised response document, along with details on the proposed comments as well as how to submit the comments. If you wish to make a submission, you should include suggested text changes, where appropriate, and specific comments regarding the rationale behind the suggested changes. For questions, call 847-853-6060 or send an email to publiccomment@aaahc.org.

Changes to the 2010 Handbook

Following recent changes by Medicare, AAAHC has been required to make revisions to the 2010 *Accreditation Handbook for Ambulatory Health Care*. The section entitled, *Policies and Procedures for Ambulatory Surgery Centers Seeking AAAHC/Medicare Deemed Status*, currently found on pages 16-24 of the Handbook, has been revised.



AAAHC has published an addendum to the Handbook which you can review [here](#).

The changes occur in the following sections:

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Washington, DC
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Las Vegas, NV
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855B Enrollment Process flowchart on page 17 (same page in Handbook and Addendum)

- Random Surveys page 20 (same page in Handbook and Addendum)
- Discretionary Surveys, now page 21 of the Addendum (previously page 20 of the Handbook)
- Pages 21-26 of the Addendum have been modified to reflect changes to the survey process following an AAAHC/Medicare Deemed Status Survey. For a quick overview, please review *Steps Following an AAAHC/Medicare Deemed Status Survey* on pages 25-26.

All AAAHC/Medicare Deemed Status accredited organizations and those seeking Medicare Deemed Status accreditation from AAAHC are requested to review these policy changes at their earliest convenience.

We recommend that you download the revised pages and incorporate them into your 2010 Handbook. Please note that the revisions to the addendum affect the pagination of the book slightly. To accommodate the additional wording without making major changes to the Handbook, pages 25 and 26 will now occur twice, once in the Policies and Procedures section and again in the section following. We apologize for the inconvenience.

Please Note: These revisions apply only to the 2010 Accreditation Handbook. They do **not** apply to the 2010 *Accreditation Guidebook for Office-Based Surgery*.

Valuable Resource on Accreditation

Becker's ASC Communication has recently launched a new channel on their web site called *ASC Accreditation and Patient Safety*. The channel, devoted to news and information surrounding accreditation issues, can be found [here](#). If you have ideas or information you think would be suitable for inclusion in the channel, please contact Rob Kurtz at rob@beckersasc.com.



Ask the Expert

Q. As a Medicare-certified ASC, can the recovery room be used simultaneously for pre-operative functions?

A. The Centers for Medicare and Medicaid Services' (CMS) Interpretive Guideline at 416.44(a)(2) allows for dual uses (pre-op/post-op), but it also says "consistent with accepted standards of practice." I think the "accepted standards" is the key phrase. This question must be asked in each separate practice environment. For example, take a one physician/one OR ophthalmology ambulatory surgery center (ASC). Such a type of service may have a very low infection rate



Denise Ricketts-Goombs

and limited opportunity for cross contamination. Therefore; assuming other infection control practices are adhered to (e.g. appropriate hand hygiene, safe use of eye drops and injectables, environmental cleaning processes etc.), it would be acceptable to use the post-op area for pre-op care in this practice setting.

At the other end of the spectrum, however, a one physician/one room ASC that provides wound care may not be a candidate for dual use of its post-op area, since the potential for cross-contamination would be much higher.

Protection of patients' right to privacy and confidentiality of their clinical information are other important factors to consider, if the decision is made to use the post op area for dual purposes. The use of cubicle curtains at all times, nurses and physicians speaking in a low voice, cohorting of the pre-op and post-op patients and restricting the presence of family members in the area, may all help in maintaining the necessary privacy and confidentiality

Another area for consideration is the sensitivity of having pre-op patients observing post-op patients and the anxiety it could cause for patients waiting for their impending procedures. Maintaining privacy and confidentiality would help situations like these.

— Answered by Denise Ricketts-Goombs, RN, MPH, MBA,
AAAHC Surveyor

Opportunities to Learn More about How to Do QI with the AAAHC Institute

The AAAHC Institute for Quality Improvement has two upcoming educational events for 2010.

My QI Workshops are being offered in September, [in Washington DC](#), in coordination with the AAAHC Achieving Accreditation conference; and the annual National Educational Forum is being conducted in December, [in Las Vegas](#), also in coordination with the AAAHC Achieving Accreditation conference.



Sign up Now to Make the Most of the AAAHC Institute July-December 2010 Studies

The AAAHC Institute is also accepting registrations for its July through December 2010 benchmarking and performance measurement studies: Clinical and/or Non-Clinical Cataract Extraction with Lens Insertion; Colonoscopy; Knee Arthroscopy; and Low Back Injection.



If you are interested in learning more about or registering for any of

these studies, visit the AAAHC Institute website, www.aaahc.org, and choose "Studies Information" from the menu in green at the left of the screen. Data collection for the July through December 2010 studies began July 1, 2010, but study registration is still open.

Ongoing AAAHC Institute Surgical/Procedural Patient Satisfaction Study

This study enables organizations to learn how their patients experience the quality of care they receive. The study is ongoing and you can enroll at any time. **Patient Satisfaction studies are not benchmarking studies;** still, participation can help your organization meet patient satisfaction standards set forth in Chapter 3 of the **AAAHC Accreditation Handbook**.



In this study, your organization will examine your patients' satisfaction with your services, including (but not limited to) information on: communication with providers, obtaining help or advice, waiting, comfort, and interaction with non-clinical staff. This study will not only provide information to help your organization increase patient satisfaction, but will also assist your organization in meeting AAAHC standards for measuring patient satisfaction. This study is not designed for benchmarking - organizations receive reports on their own information only.

If you have questions or comments, please contact Alison Solway at asolway@aaahc.org.

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