

ACCREDITATION PROCESS IN THE OIS

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Disclosure

- Founder and CEO of Vascular Management Associates, which helps doctors set up and manage outpatient angioplasties

OEIS Quality Initiatives : SCOCAP in the OIS



- Safety
 - Accreditation
- Credentialing
- Outcomes Measures
 - Registry
- Compliance
- Appropriateness
- Peer Review

Why seek
accreditation
?



For Good Reason

- Mandated by some states in certain situations (ie: with certain levels of sedation)

States with Accreditation Requirements	
California	New Jersey
Connecticut	New York
Indiana	Ohio
Kansas	Oregon
Kentucky	Pennsylvania
Massachusetts	Rhode Island
Nevada	South Carolina

For Good Reason

It is recognized as a symbol of quality for liability insurance companies, state and federal agencies, and the public

Eases access to managed care contracts and encourages patient referrals

Many private insurance carriers recognize accreditation for reimbursement of covered procedures

For Good Reason

Increases competitive edge

Nationally-acknowledged benchmark of quality

Effectively monitor and implement the latest advances in outpatient care

Experienced surveyors offer valuable insights and compliance tips



How do I
become
accredited?

General Accreditation Requirements

- Physicians must have hospital privileges for any procedure that is performed at the facility
- Requires the use of Anesthesia professionals for deeper levels of anesthesia
- Requires safe surgical environment, equipment, drugs, etc.
- Requires peer review (peer oversight)
- Comply with applicable local, state, and federal regulations including licensure, fire safety, sanitation and building codes
- Adhere to federal laws and regulations affecting their operation such as OSHA blood-borne pathogens standards, hazardous waste standards, the Americans with Disabilities Act and HIPAA

Choose an accrediting body

3 nationally recognized accreditation agencies

- AAAHC – Association for Accreditation of Ambulatory Healthcare
- AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities
- The Joint Commission

AAAHC

Accreditation Association for Ambulatory Health Care

- Founded in 1979 with a focus on ambulatory health care facilities. Currently accredits more than 6,300 organizations.
- AAAHC offers accreditation programs for ambulatory surgery centers, office-based surgery centers, primary care practices, occupational health centers, retail clinics, health plans/managed care organizations, student health centers, and large medical and dental group practices.
- www.aaahc.org



AAAASF

Am. Association for Accreditation of Ambulatory Surgery Facilities

- Founded in 1980, provides accreditation for outpatient facilities. Currently accredits more than 2,000 facilities.
- Holds outpatient and office-based facilities to hospital standards.
- Requires physicians to be board certified and have hospital privileges for any procedure they perform.
- Requires the use of anesthesia professionals for deeper levels of anesthesia.
- www.aaaasf.org



The Joint Commission

- Established in 1965 when the Social Security program mandated hospital accreditation for Medicare and Medicaid programs.
- It was originally named Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In 2007, it was renamed as the Joint Commission.
- Currently it accredits more than 20,500 health care organizations and programs in the US, and >90% are hospitals.
- www.jointcommission.org



Up to you!

Determine which of these BEST suits your setting and providers. There are slight differences between them! For instance, AAAASF requires that ALL providers are board certified for that specialty in order to perform procedures.



How to become accredited

- Currently AAAHC, AAAASF, The Joint Commission
- These designed more for ASCs and not specific for outpatient, office-based labs
- OEIS working jointly with SVS to develop specific guidelines for accreditation of outpatient angiosuites
- OEIS/SVS working together to develop its own accreditation body





How to achieve Accreditation

- Current Standards Manual- this is your guide for creating necessary policies and procedures
- Application (Accrediting Agency, CLIA, etc.)
- Physical environment requirements
- Policies and Procedures
- Equipment & Medication
- Credentialing & Personnel Records
- Manuals & Logs

Why do I need policies and procedures?

- Patient safety
- Employee safety and education
- State requirements
- Consistency- minimize confusion and create a framework for how you do things
- Your p/p manual should be the **GUIDEBOOK** for your practice!





What could happen if...

- You didn't verify credentials prior to hiring staff or bringing on partners/operating physicians?
- Providers were allowed to do ANY procedure they wanted without proper credentialing/privileging?
- Employees were not well-practiced in managing emergency situations as a team?
- Patients were not admitted/discharged consistently per protocols?




How do I know what policies and procedures I need?

- State Regulations
 - Fsmb.org
 - State health department
- Accrediting body
 - AAAHC
 - AAAASF
 - JCAHO
- Experience!



Watch out for...

- Having policies that don't apply to you
 - Always customize policies for your practice
 - Having a policy and not abiding by it
 - Review policies at least annually
 - Review policies as issues arise. Incidents, complaints, etc. may prompt policy review/changes
 - Educate, educate, educate staff and providers
 - Untrained staff
- 

CLINICAL POLICIES

Approved Procedures Policy

- Diagnostic angiography
- Angioplasty- all peripheral vessels
- Stenting- all peripheral vessels
- Atherectomy- all peripheral vessels
- Thrombectomy
- IVC Filter
- RFA/ELAS
- Etc.
- Radiology

Providers credentialed and privileged to perform those procedures

Patient Selection Criteria

- Set guidelines- AANA Standards for Office Based Anesthesia Practice mandate to anesthesia providers that a practice have a policy on patient selection
- Patient safety
- Consistency is key

Example:

- ASA Classifications I-4
- Baseline Cr \leq 2.0
- Potassium < 5
- Not morbidly obese
- Chronic conditions stable

Patient Admission and Discharge Policy

- Consistency in care:
 - Patient Selection
 - Advance Directives
 - Informed Consent
 - Preoperative Assessment
 - Discharge evaluation
 - Patient instructions

Emergency Procedures



- Emergency Care and Transfer Plan
 - Age appropriate emergency supplies
 - ACLS/BLS up to date and available on crash cart
- Personnel must be familiar with documented emergency plan– avoid confusion
 - Employees trained in emergency procedures vs. knowing how to handle things as a team

Sample Emergency Plan

- Who does what?? Assign tasks to each person (role) and practice!
- Standing orders for most current ACLS/BLS
- Immediately call 911
- Document on transfer form- procedure, medications given, vitals, condition upon transfer
- Nurse and/or physician call ahead to hospital
- Transfer patient via EMS
- Follow-up calls/documentation

Adverse Incident Reporting



- Process to report adverse anesthetic or surgical mishaps as well as other incidents that occur (anything out of the ordinary or outside expected course)
 - Fill out incident report for any adverse incident, transfer, etc.
 - Report to Medical Director
 - If could have been prevented, get a team together to do a root cause analysis and plan changes in policy/training, etc. that could improve the situation next time
- Process to review/correct
- Check with state on reporting requirements

Infection Control

- State and federal regulations
- Train personnel in infection control practices
- Universal precautions
- Disposal of hazardous waste
- PPE readily available
- Plan to consistently evaluate post-operatively for infection
- Investigate infections when they occur



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Anesthesia

- Type of anesthesia to be provided
- Credentialing
- RN sedation
- Physician physically present
- Pre-procedure evaluation
- Readiness to provide treatment and management of anesthetic complications
- Patient monitoring and evaluation



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ADMINISTRATIVE

Credentialing/Privileging

- Procedure-specific education, training, experience, successful evaluation
- Board certification or eligibility
- Peer and quality review participation
- CME
- Malpractice coverage
- Hospital privileges
- Licensure

Medical Record Maintenance and Security



- Appropriate documentation of
 - Patient identifiers
 - Diagnosis
 - Procedure
 - Justification of treatment
 - Outcome and required follow-up care
 - Allergies
 - Medication
 - Informed consent for surgery and anesthesia
- Assurance of patient confidentiality and security of patient data and information

Performance Improvement



- Peer Review
 - Chart review/documentation
 - Peer evaluation of performance
 - Review of complications/trending
- Process Improvement Activities
 - Administrative, financial, clinical, satisfaction
 - Design and implement quality studies

Adherence to Federal and State Laws

Non-Discrimination

OSHA

Controlled Substances

CLIA

Personnel Licensure scope of practice

Accreditation

