

AAAHC Accreditation Process

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Presenter

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Session objectives

- Outline activities:
 - Before the survey
 - During the survey
 - After the survey

Before the survey



Preparing to Apply for AAAHC Survey

Review Handbook

Determine Survey Eligibility

- In order to qualify for survey an organization requesting a AAAHC survey must
 - Provide Health Care services \geq 6 mo prior to survey

Preparing to Apply for AAAHC Survey (cont'd)

- Be a formally organized and legally constituted entity
- In compliance with applicable laws and regulations
- Licensed by the state, if applicable

Preparing to Apply for AAAHC Survey (cont'd)

- Provides health care services under direction of
 - MD, DO, DDS, DMD, DPM, OD, DC, APRN (practicing in compliance with state law and regulation), and licensed clinical behavioral health professional

Preparing to Apply for AAAHC Survey (cont'd)

- Shares facilities, records, equipment, and business management among its members
- Complies with US EEOC law
- Submits a completed application for survey
- Pays the appropriate fees
- Acts in good faith in providing information to AAAHC

Application for Survey

For California outpatient settings, the application includes questions related to

- Ownership
- Anesthesia provision
- Any previous denial of accreditation

Survey Scheduling

- Organization provides available timeframes for survey, including dates not available
- If Medicare, 5 days not available
- Appropriately privileged surveyors are scheduled
- Written confirmation of scheduled survey (if Medicare, the survey will be unannounced)

On-site survey



While we're on-site

During the on-site visit, surveyors will

1. Review documents such as (but not limited to)

- Policies and Procedures
- Records (Credential, Personnel, Clinical)
- Quality Improvement Program
- Infection Prevention Program
- Risk Management Program

While we're on-site (cont'd.)

During the on-site visit, surveyors will

2. Interview staff to determine understanding of policies
3. If necessary, allow for members of the public to share information

While we're on-site (cont'd.)

During the on-site visit, surveyors will

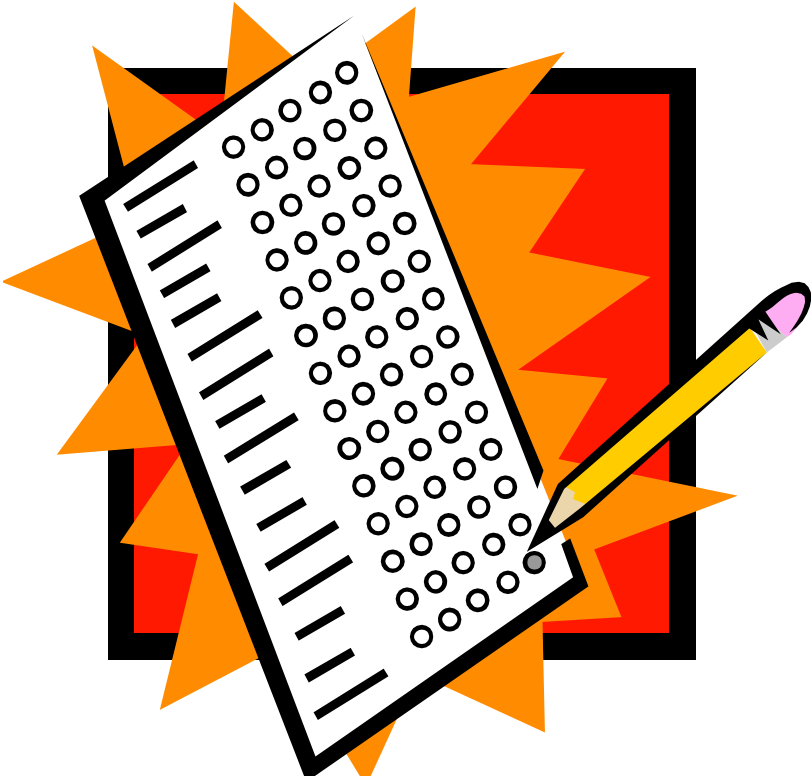
4. Review compliance for previously cited deficiencies
5. For Medicare, follow the process from admission to discharge
6. Share findings with leadership members of the organization

While we're on-site (cont'd.)

For California Outpatient Settings,
surveyors review

- Compliance with the requirements of Section 2216, Section 61638.2 and 2259.8
- Compliance with previously cited deficiencies

After the survey



After the survey

AAAHC surveyors submit the survey report to AAAHC.

Report is reviewed internally and by the Accreditation Committee

After the survey (cont'd.)

If Medicare, and deficiencies identified during the survey, organization receives a request for a plan of correction

An accreditation decision is granted by the Accreditation Committee.

Reporting

Every month

- A list of outpatient settings accredited by AAAHC during the previous month
- Accreditation Expiration list for Outpatient Settings

More immediate reports

- Denial of accreditation
- Actions related to complaints

During the accreditation term

AAAHC expects organizations to maintain compliance with AAAHC standards as they change from year to year

- Random surveys
- Discretionary surveys (complaints)
- Interim surveys



Questions?

Contact AAAHC at (847)853-6060 or
info@aaahc.org