



Institute *for*
Medical Quality

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MEDICAL BOARD OF CALIFORNIA

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Overview

- IMQ's Ambulatory Program began in 1996
- Response to passage of California Law AB 595 (Health and Safety Code § 1248)
- Non-profit subsidiary of the California Medical Association
- IMQ is the only California based accrediting entity recognized by the California Medical Board



Overview, cont'd

- IMQ's program developed to accommodate specific needs of California ambulatory facilities.
 - All IMQ surveys are conducted by California physicians meeting certain pre-requisites
 - Two surveyor teams may include a second physician or a California administrator or registered nurse with expertise in ambulatory facility practice
- Focus is on quality care and patient safety
- Standards are based on specific needs of California facilities
- Separate Standards for solo/small practices and larger or group practices



Areas Covered by IMQ Standards

- Administration
- Personnel and Credentialing
- Quality Programs and Peer Review
- Medical Records
- Care and Treatment
- Facility and Environmental Safety
- Surgery, Anesthesia and Invasive Diagnostic Procedures



Types of Facilities Accredited by IMQ

- **Ambulatory Surgery Centers**
- **Endoscopy Centers**
- **Fertility Clinics**
- **Medical Groups**
- **Managed Care Organizations**
- **Office-Based Surgery Practices**
- **OMS/Dental Practices**
- **Pain Management Centers**
- **Student Health Centers**
- **Urgent Care Centers**
- **Women's Health Centers**



Types of Surveys

- Initial Readiness Review
 - Designed for facilities that are just becoming operational.
 - Physical plant, Policies, Procedures, Staffing, Credentials, Privileges
 - Six-month Accreditation with a follow-up survey resulting in a one-year or three-year accreditation



Types of Surveys, con't

- Survey
 - For facilities that are operational but have not been accredited by IMQ
- One-year resurvey or Three-year resurvey
 - Full survey for facilities that have been accredited with with IMQ
- For-Cause survey
 - In response to complaints, when warranted



Survey Process

- Self Assessment and Review
 - Facilitated by use of IMQ's comprehensive standards manual
- Application and Pre-survey Forms
 - All facilities complete IMQ's application and submit required documentation
 - Submitted documentation is reviewed by the IMQ surveyor prior to the survey, resulting in increased feedback and reducing on-site time



Survey Process, Cont'd

- Application and pre-survey process, cont'
 - Pre- survey assistance provided by IMQ staff
 - Written pre-survey analysis of materials submitted by the applicant facility pointing out potentially problematic areas and suggesting corrections
- Scheduling
 - Surveyor selected by IMQ from a credentialed and trained surveyor panel
 - Survey scheduled at a mutually agreeable time



Survey Process, con't.

- Surveyor spends a full day at the facility
 - Interviews key staff
 - Reviews policies and procedures
 - Reviews Credential files and HR files
 - Reviews Quality Assurance and peer review documents
 - Medical record review
 - Billing review
 - Observes a procedure
 - Conducts a final meeting with physicians and staff to review findings and recommendations.



Our Surveyors

- All physician surveyors are or have been in active ambulatory practice in California
- Attend a mandatory yearly surveyor training
- Are evaluated routinely by peers and the facilities they survey



Our Surveyors, Cont'd

- **Application Process**

All applicants submit curriculum vitae along with the application form to be reviewed by the IMQ staff and the ACRC for their suitability to become a surveyor. Those with appropriate background, experience, credentials, references, and qualifications are then appointed to observer status to continue with the training.



Our Surveyors, Cont'd

- **Training**

IMQ ambulatory surveyors complete a designated surveyor training prior to becoming a surveyor, and every year henceforth. Those in observer status also are required to attend two observation surveys.



Our Surveyors, Cont'd

- **Peer Review**

Each surveyor participating in an accreditation survey is required to complete Peer Review Forms, in which he/she evaluates performance and competencies of other surveyors on the Survey Team. The Peer Review Forms are returned to IMQ office, and any notable feedback is reported to the surveyors. The Ambulatory Chair counsels any surveyors requiring education or redirection.



Our Surveyors, Cont'd

- **Annual Credentialing**

Each active ambulatory surveyor is required to annually submit a reappointment request form. IMQ staff and ACRC review their requests, training histories, and any notable findings from the peer reviews and facility feedback forms and determine the continuation of surveyorship into the succeeding year. Any surveyors who are found to be not suitable to continue surveys are asked to reapply when their issues are resolved or corrected. The credentialing recommendations are presented to IMQ's Board of Directors for approval.



Program Staff

- The program staff undergo annual performance reviews, which include facility feedback forms, self-evaluation, and the comprehensive performance review by the manager and IMQ executive staff. During this process, any issues and weaknesses are assessed, and performance goals are set for the following year.
- Regular performance feedback is given to the program staff on an ongoing basis.



Accreditation Decision

- Made by the Ambulatory Care Review Committee (ACRC)
 - Composed of surveyors
 - Meets monthly
- **Six-month** accreditation to facilities having an initial readiness review survey
 - Followed in six months by a second survey
- **One-year accreditation** granted to facilities that meet the requirements but have room for improvement
 - Facilities asked to submit interim reports Corrective Actions Plans (CAP) in problem areas which are reviewed by the surveyor



Accreditation Decision, Cont'd

- **Three-year accreditation** awarded to facilities that meet all standards and demonstrate a higher level of compliance.
- Deferral may occur if additional information is needed
- **Non-accreditation** occurs if a facility does not meet the minimum mandatory standards and/or does not meet a significant number of the non-mandatory standards



Facility Notification

- The facility will receive notice of the decision within 15 days of ACRC meeting.
- When a facility has standards that have not been met or are partially met, Interim Reports (CAP) will be required to maintain their accreditation, and will be noted in the Accreditation Report (AR)/CAP that is sent to the facility.
- The **MEDICAL BOARD OF CALIFORNIA** is notified of the accreditation decision and accreditation period.



Facility Notification, Cont'd

- Upon receipt of the Accreditation Report (AR)/CAP the facility must:
 - Identify the person responsible (by title, not by name) for each corrective action listed in the “Accreditation Report and Corrective Action Plan” (AR/CAP).
 - Have the medical director sign and date that s/he agrees to this plan of correction.
 - Fax the document to IMQ within one week of the date on the letter.



Facility Notification, Cont'd

- Once IMQ receives the Corrective Action Plan identifying the person responsible for each of the corrections and signed by the Medical Director, the **MEDICAL BOARD OF CALIFORNIA** is sent a copy of the Accreditation Report and Corrective Action Plan.



Facility Notification, Cont'd

- The facility must post the CAP with this added information in public view, and
- Submit to IMQ interim reports as indicated in the AR/CAP.



Facility Notification, Cont'd

- Once all interim reports have been submitted and approved by the ACRC, the facility will receive a letter stating that all requirements of accreditation have been met. At that time, the facility may remove the AR/CAP from public view.
- The **MEDICAL BOARD OF CALIFORNIA** is notified when all the items in the Corrective Action Plan have been approved by the ACRC.



Re-accreditation

- Three to six months before a facility's expiration date (depending on the accreditation period) IMQ sends a letter and application packet to the facility.



Questions

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