

Accreditation of Ambulatory Facilities

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KEYWORDS

- Ambulatory surgery center • Accreditation • Ambulatory anesthesia
- Quality improvement • Patient safety

KEY POINTS

- There are significant benefits to accreditation, in addition to fulfilling federal and individual state requirements.
- Accreditation provides external validation of safe practices, benchmarking performance against other accredited facilities, and demonstrates to patients and payers the facility's commitment to continuous quality improvement.
- There are several options for accreditation of ambulatory facilities, and each accrediting organization has its own unique philosophy, standards, process measures, and pricing structures.
- Accreditation organizations are increasingly emphasizing continuous quality improvement and outcomes measurement.

INTRODUCTION

With the continued growth of ambulatory surgical centers (ASC), the regulation of facilities has evolved to include new standards and requirements on both state and federal levels. Accreditation allows for the assessment of nursing and medical practice, improves accountability, and better ensures quality of care.¹⁻³

ASCs are heavily regulated in most states, where specific licensure and other local regulatory prerequisites must be satisfied. It is important to differentiate the concepts of licensure, certification, and accreditation. *Licensure* allows the facility to operate and provide services and is granted by and required in the most states. *Certification* is granted by the Centers for Medicare and Medicaid Services (CMS) and is a regulatory requirement for all ASCs that intend to provide care to Medicare or Medicaid beneficiaries.⁴ The number of Medicare-certified ASCs increased more than 18% from 4441 in 2005 to 5260 in 2009, and total Medicare payments also increased from \$2.7 to \$3.2 billion.⁵ The facility must meet CMS Conditions of Participation in the

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Medicare program before it is allowed to bill for medical services it provides.⁶ *Accreditation* is granted by various private organizations and indicates that a facility has met certain standards. For example, the Healthcare Facilities Accreditation Program is authorized by CMS to survey hospitals, laboratories, and other facilities to ascertain compliance with CMS standards.

ACCREDITING ORGANIZATIONS

In some states, ambulatory surgery centers may choose to voluntarily apply for accreditation from a recognized organization, but in others it is mandated. The facility must show compliance with standards regarding the environment of care, the provision of care, and the quality of care. Regular surveys of the organization's performance by the accrediting agency are intended to ensure the quality of care provided to the patients. The accreditation process provides evidence to all stakeholders such as patients, payers, and regulators that the facility meets nationally accepted standards.⁷ Accreditation from one of the nationally recognized accrediting organizations is achieved via an onsite visit from surveyors with significant clinical experience. The survey determines if the facility can be accredited based on meeting a specific set of criteria. Currently, ASC accrediting organizations include The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), The Accreditation Association for Ambulatory Health Care (AAAHC), and The Joint Commission (TJC). Although the goal of each organization is to ensure quality by providing an external source for evaluating provision of care, each agency has its own unique mission, scope, oversight, and organizational histories, and each develops their own accreditation processes and programs and sets their own accreditation standards.³

Up-to-date information about the accreditation process can be found on each organization's Web site. The AAAASF Regular Standards and Checklist for Accreditation of Ambulatory Surgery Facilities Manual⁸ contains the most recent surgical program standards and is summarized in [Table 1](#). These standards emphasize the need for an effective operating room policy, addressing such things as facility maintenance and safety, safe administration of fluids and medications, record keeping, anesthesia services and post-anesthesia care, and quality assessment and improvement programs.

The AAAHC evaluation process is based on a facility's own unique set of criteria. Although the actual content of their standards is proprietary, it is found in the 2013

Manual Section #	Section Title
100	Basic mandates
200	Operating room policy, environment and procedures
300	Post-anesthetic care unit (PACU)
400	General safety in the facility
500	Intravenous fluids and medications
600	Medical records
700	Quality assessment/quality improvement
800	Personnel
900	Anesthesia

Data from Refs. [7,8,9,15,16,18](#)

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