ACCREDITATION AND THE AMBULATORY CARE CLINIC

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Objectives

- Purpose of Accreditation
- Accreditation Association for Ambulatory Health Care (AAAHC)
- The Joint Commission (JCHAO)
- Accreditation Comparison
- Your Role
- Questions and Answers
Why should an ambulatory care clinic seek accreditation?
The Department of Health and Human Services (HHS) is the United States government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

The mission of the Department of Health and Human Services is to help provide the building blocks that Americans need to live healthy, successful lives.

We fulfill that mission every day by providing millions of children, families, and seniors with access to high-quality health care, (...) by keeping infectious diseases at bay, and by pushing the boundaries of how we diagnose and treat disease.
We serve CMS, HHS, and the public as a trusted partner with a steadfast focus on improving outcomes, beneficiaries' experience of care, and population health, while also aiming to reduce healthcare costs through improvement.
CMS View on Quality

- Quality health care for people with Medicare is a high priority for the President, the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS).

- HHS and CMS began launching Quality Initiatives in 2001 to assure quality health care for all Americans through accountability and public disclosure.

- The various Quality Initiatives touch every aspect of the healthcare system. Some initiatives focus on publicly reporting quality measures for nursing homes, home health agencies, hospitals, and kidney dialysis facilities.

- Consumers can use the quality measures information that is available on www.medicare.gov for these healthcare settings to assist them in making healthcare choices or decisions.
Quality Improvement Organizations

- Successful quality initiatives rely on partnerships and support from many sources that encompass the healthcare community such as federal and State agencies, researchers and academic experts, stakeholder and consumer organizations, providers and advocates, and federal contractors such as Quality Improvement Organizations (QIOs). QIOs can assist Medicare beneficiaries and their caregivers to understand and use quality measures information in their healthcare decision making process.
The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.
HRSA oversees organ, bone marrow and cord blood donation. It compensates individuals harmed by vaccination, and maintains databases that protect against health care malpractice, waste, fraud and abuse.

**Mission:** To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.
Goals of HRSA

- **Goal I:** Improve Access to Quality Care and Services.

- **Goal II:** Strengthen the Health Workforce.

- **Goal III:** Build Healthy Communities.

- **Goal IV:** Improve Health Equity.
Goal I: Improve Access to Quality Health Care and Services

- **Sub-goals**
  - Ensure a medical home for populations served.
  - Expand oral health and behavioral health services and integrate into primary care settings.
  - Integrate primary care and public health.
  - Strengthen health systems to support the delivery of quality health services.
  - Increase outreach and enrollment into quality care.
  - Strengthen the financial soundness and viability of HRSA-funded health organizations.
  - Promote innovative and cost-efficient approaches to improve health.
Goal II: Strengthen the Health Workforce

- **Sub-goals**
  - Ensure the health workforce is trained to provide high quality care that is culturally and linguistically appropriate.
  - Increase the number of practicing health care providers to address shortages, and develop ongoing strategies to monitor, forecast and meet long-term health workforce needs.
  - Align the composition and distribution of health care providers to best meet the needs of individuals, families and communities.
  - Ensure a diverse health workforce.
  - Support the development of interdisciplinary health teams to improve the efficiency and effectiveness of care.
HRSA- Accreditation Initiative

- The Accreditation Initiative is a continuing HRSA/BPHC investment activity that provides survey services of ambulatory care, behavioral health, laboratory services, and technical assistance and training for health centers. Participation is voluntary and provides an opportunity for health centers to achieve accreditation through a nationally recognized accrediting body such as the Accreditation Association for Ambulatory Health Care (AAAHC) and The Joint Commission (TJC), formerly known as the Joint Commission on Accreditation of Healthcare Organization.

- HRSA/BPHC contracts with two national accrediting organizations to provide survey services under the Accreditation Initiative.
  
  - Accreditation Association of Ambulatory Health Care (AAAHC)
  
  - The Joint Commission (TJC), formerly known as the Joint Commission on Accreditation of Healthcare Organizations
Purpose of the Accreditation Initiative

- The purpose of the Accreditation Initiative is to encourage and support health centers to undergo rigorous and comprehensive survey processes and achieve national benchmarks that demonstrate the highest standards of health care quality. The Accreditation Initiative reflects HRSA's commitment to the survey process for health centers in order to maintain and/or enhance health care quality for vulnerable populations and underserved communities.
Reasons for Accreditation

- Quality care is strongly recommended by various government health organizations
- Some accreditation standards are identical to CMS requirements for reimbursement
- Accreditation can be substituted and used to waive mandatory CMS surveys to verify organization’s eligibility for reimbursement
- Some third party payers only reimburse accredited organizations
Reasons for Accreditation (cont.)

- Patients Seek quality care
- Most practitioners desire to provide quality care
- Those performing clinical studies utilize clinics with a reputation for quality.
- Method of assessment for measuring the level of quality in services provided
Accreditation Association for Ambulatory Health Care (AAAHC)
AAAHC Mission

- AAAHC is committed to maintaining its position as the preeminent leader in developing standards to advance and promote patient safety, quality, value and measurement of performance for ambulatory health care through peer based accreditation processes, education, and research.
Brief History of the AAAHC

- AAAHC has been conducting surveys since 1979.
- Not-for-profit and governed by 18 member organizations.
- AAAHC is recognized by many third-party payers including Medicare, Medicare Advantage plans, HRSA, Indian Health Services, and Department of Energy.
- In 1983, AAAHC began accrediting managed care organizations.
CMS granted AAAHC deemed status for Medicare certification for ambulatory surgery centers.

AAAHC currently accredits more than 5,100 organizations, and is the largest accreditor of ambulatory settings.
Who They Accredit

- Community health centers (Internal Medicine, Family Practice, and Pediatrics)
  - Medical Home
  - Women’s health
  - Laboratory and x-ray facilities
  - Behavioral health
  - Dental
- School-based health centers
- Walk-in clinics
- Indian Health Centers
Why Choose AAAHC?

- Emphasis on education and consultation to organizations
- Not “inspectors”
- Peer-based accreditation program
- Nationally-recognized standards
- 325 surveyors (physicians, dentists, Advanced Practice Registered Nurses and other nurses, pharmacists, health care administrators, etc.)
- CHC-specific surveyors who will perform your surveys are selected, trained, and privileged to conduct FQHC surveys
How are AAAHC Standards Assessed?

- Substantial Compliance (SC) – Current operations are acceptable and meet the Standards
- Partial Compliance (PC) – A portion of the standard is met in an acceptable manner, but area(s) need to be addressed
- Non-Compliance (NC) – Current operations do not meet the Standard
- Not Applicable (NA) – This Standard does not apply to this organization
Handbook of Standards: Core Chapters

- Chapter 1 – Rights of Patients
- Chapter 2 – Governance
- Chapter 3 – Administration
- Chapter 4 – Quality of Care Provided
- Chapter 5 – Quality Management and Improvement
- Chapter 6 – Clinical Records and Health Information
- Chapter 7 – Infection Prevention and Control and Safety
- Chapter 8 – Facilities and Environment
Handbook of Standards: Adjunct Chapters

- Chapter 9 - Anesthesia Services
- Chapter 10 - Surgical and Related Services
- Chapter 11 - Pharmaceutical Services
- Chapter 12 - Pathology and Medical Laboratory Services
- Chapter 13 - Diagnostic and Other Imaging Services
- Chapter 14 - Dental Services
- Chapter 15 - Other Professional and Technical Services
- Chapter 16 - Health Education and Health Promotion
Handbook of Standards: Adjunct Chapters

- Chapter 17 - Behavioral Health Services
- Chapter 18 - Teaching and Publication Activities
- Chapter 19 - Research Activities
- Chapter 20 - Overnight Care and Services
- Chapter 21 - Occupational Health Services
- Chapter 22 - Immediate/Urgent Care Services
- Chapter 23 - Emergency Services
- Chapter 24 - Radiation Oncology Treatment Services
- Chapter 25 - Medical Home
Pharmaceutical Services

A. Pharmaceutical services are provided or made available in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual designated responsible for pharmaceutical services in accordance with Standard 11.J.
Pharmaceutical Services

- B. Pharmaceutical services are provided in accordance with ethical and professional practice and applicable federal and state laws.
Pharmaceutical Services

C. Staff demonstrates knowledge of applicable state and federal pharmaceutical laws.
Pharmaceutical Services

- D. Records and security are maintained to ensure the control and safe dispensing
Pharmaceutical Services

- E. Staff informs patients concerning safe and effective use of medications consistent with legal requirements and patient needs.
Pharmaceutical Services

- F. Measures have been implemented to ensure that prescription pads are controlled and secured from unauthorized patient access, and pre-signed and/or postdated prescription pads are prohibited.
Pharmaceutical Services

- All medications, including vaccines and samples, are checked for expiration dates on a regular basis; expired items are disposed of in a manner that prevents unauthorized access, protects safety, and meets state and federal requirements.
H. All injectable medications drawn into syringes and oral medications removed from the packaging identified by the original manufacturer must be appropriately labeled if not administered immediately.
Pharmaceutical Services

- 1. The organization must have policies in place for safe use of injectables and single-use syringes and needles that at minimum include the CDC or comparable guidelines for safe injection practices.
Pharmaceutical Services

- J. Pharmaceutical services provided by the organization are directed by a licensed pharmacist or, when appropriate, by a physician or dentist who is qualified to assume professional, organizational, and administrative responsibility for the quality of services rendered.
Pharmaceutical Services

- K. Providers or other health care professionals who prescribe, dispense, administer, and provide patient education on medications have easy access to current drug information and other decision support resources.
Pharmaceutical Services

- If look-alike or sound-alike medications are present, the organization identifies and maintains a current list of these medications, and actions to prevent errors are evident.
M. Procedures are established by the organization for maintenance, cleaning, distribution, and use of devices such as nebulizer units, intravenous infusion pumps, or any other mechanical device used in the medication delivery process.
Pharmaceutical Services

- N. A pharmacy owned or operated by the organization is supervised by a licensed pharmacist.
Pharmaceutical Services

- O. Pharmaceutical services made available by the organization through a contractual agreement are provided in accordance with the same ethical and professional practices and legal requirements that would be required if such services were provided directly by the organization.
Pharmaceutical Services

- Patients are not required to use a pharmacy owned or operated by the organization.
Overview: Day of the Survey

- Opening conference with senior leaders and Board members
- Tour of facility and introduction to staff
- Review of select clinical records, policies, and other documentation to support compliance
- Review and discussion of QI plan and studies
- Interaction with staff and patients
- Summation conference, including consultative advice for improving quality of care and safety for patients, staff, and others
Recognition

- Public recognition of National recognized accreditation
- Consultative guidance
- Quality improvement
- Increase consumer awareness
AAAHC is about:

Discovery ................ vs. inspection

Consultation ............ vs. prescription

Collaborative ............ vs. dictatorial
Section Summary

- **Focus** - Quality of care at the provider/patient level

- **Goal** - Improve and enhance health care in ambulatory settings

- **Standards** - Designed to promote excellence, professionalism and patient safety

- **Survey Process** - Assure compliance with published standards through education and consultation
The Joint Commission (TJC)
Joint Commission Background

- General customer base
  - Accredits or certifies over 19,000 total organizations (hospitals/critical access hospitals, labs, behavioral health, home care/Durable Medical Equipment, long term care, ambulatory care/office-based surgery)

- Accrediting Ambulatory Care since 1975:
  - Ambulatory Care program accredits over 2,000 organizations with 6,400 sites of care
  - Wide variety of ambulatory settings, including Medical/Dental settings such as:
    - Federally Qualified Health Centers (almost 300)
    - Medical Group Practices
Accreditation Requirements

- Accreditation Participation Requirements (APR)
- Environment of Care (EC)
- Emergency Management (EM)
- Human Resources (HR)
- Infection Prevention and Control (IC)
- Information Management (IM)
- Leadership (LD)
- Life Safety (LS)
Accreditation Requirements

- Medication Management (MM)
- Medical Staff (MS)
- National Patient Safety Goals (NPSG)
- Nursing (NR)
- Provision of Care, Treatment, and Services (PC)
- Performance Improvement (PI)
- Record of Care, Treatment, and Services (RC)
- Rights and Responsibilities of the Individual (RI)
- Transplant Safety (TS)
- Waived Testing (WT)
The goal of the medication management standards is to provide a framework for an effective and safe medication management system. Effective and safe medication management is dependent on carefully implementing medication management processes based on the care, treatment, and services provided by the organization.
Medication Management Standards
The organization plans its medication management processes.

- The organization has a written policy that describes that the following information about the patient is accessible to licensed independent practitioners and staff who participate in the management of the patient’s medications:
  - Age
  - Sex
  - Diagnoses
  - Allergies
  - Sensitivities
  - Current medications
  - Height and weight (when necessary)
  - Pregnancy and lactation information (when necessary)
  - Laboratory results (when necessary)
  - Any additional information required by the organization
MM.01.01.01: The organization plans its medication management processes. (cont.)

- The organization implements its policy to make information about the patient accessible to licensed independent practitioners and staff who participate in the management of the patient’s medications.

- Note: This element of performance does not apply in emergency situations.
MM.01.01.03: The organization safely manages high-alert and hazardous medications

- The organization identifies, in writing, its high-alert and hazardous medications.

- The organization has a process for managing high-alert and hazardous medications.

- The organization implements its process for managing high-alert and hazardous medications.
For organizations that use Joint Commission accreditation for deemed status purposes: The organization reports abuses and losses of controlled substances, in accordance with law and regulation, to the individual responsible for the pharmacy department or service and, as appropriate, to the chief executive.
MM.01.02.01: The organization addresses the safe use of look-alike/sound-alike medications.

- The organization develops a list of look-alike/sound-alike medications it stores, dispenses, or administers.


- The organization takes action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications.

- The organization annually reviews and, as necessary, revises its list of look-alike/sound-alike medications.
MM.02.01.01: The organization selects and procures medications.

- Members of the medical staff, licensed independent practitioners, pharmacists, and staff involved in ordering, dispensing, administering, and/or monitoring the effects of medications develop written criteria for determining which medications are available for dispensing or administering to patients.

- The organization maintains a formulary, including medication strength and dosage.

  - Note 1: Sample medications are not required to be on the formulary.

  - Note 2: In some settings, the term "list of medications available for use" is used instead of “formulary.” The terms are synonymous.
The organization implements the process to select, approve, and procure medications that are not on its formulary.

Medications designated as available for dispensing or administration are reviewed at least annually based on emerging safety and efficacy information.
MM.03.01.01: The organization safely stores medications.

- The organization stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.

- The organization periodically inspects all medication storage areas.

- The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.
All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.

The organization stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation.

MM.03.01.03: The organization safely manages emergency medications.

- Organization leaders, in conjunction with members of the medical staff and licensed independent practitioners, decide which emergency medications and their associated supplies will be readily accessible in patient care areas based on the population served.

- When emergency medications or supplies are used, the organization replaces them as soon as possible to maintain a full stock.
MM.03.01.05: The organization safely controls medications brought into the hospital by patients, their families, or licensed independent practitioners.

- Before use or administration of a medication brought into the organization by a patient, his or her family, or a licensed independent practitioner, the organization identifies the medication and visually evaluates the medication's integrity.

- The organization informs the prescriber and patient if the medications brought into the organization by patients, their families, or licensed independent practitioners are not permitted.
MM.04.01.01: Medication orders are clear and accurate.

- A diagnosis, condition, or indication for use exists for each medication ordered.
  
  - Note: This information can be anywhere in the medical record and need not be on the order itself. For example, it might be part of the medical history.

- The organization has a written policy that defines the following: Actions to take when medication orders are incomplete, illegible, or unclear.

- The organization has a written policy that identifies the specific types of medication orders that it deems acceptable for use.
MM.05.01.01: A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the organization.
MM.05.01.07: The organization safely prepares medications.

- Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.

- During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity.
Medication containers are labeled whenever medications are prepared but not immediately administered.

- Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.

- Information on medication labels is displayed in a standardized format, in accordance with law and regulation and standards of practice.
MM.05.01.11: The organization safely dispenses medications.

- The organization dispenses quantities of medications that are consistent with patient needs.
- The organization dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice.
  - Note: Dispensing practices and recordkeeping include antidiversion strategies.
- The organization dispenses medications within time frames it defines to meet patient needs.
MM.05.01.13: The organization safely obtains medications when the pharmacy is closed.

- When non-pharmacist health care professionals are allowed by law or regulation to obtain medications, the following occurs: Only trained, designated prescribers and nurses are permitted access to approved medications.

- When non-pharmacist health care professionals are allowed by law or regulation to obtain medications, the following occurs: Quality control procedures (such as an independent second check by another individual or a secondary verification built into the system such as bar coding) are in place to prevent medication retrieval errors.
When non-pharmacist health care professionals are allowed by law or regulation to obtain medications, the following occurs: The organization arranges for a qualified pharmacist to be available either on-call or at another location (for example, at another organization that has 24-hour pharmacy service) to answer questions or provide medications beyond those accessible to non-pharmacy staff.
The organization follows a process to retrieve recalled or discontinued medications.

- The organization has a written policy describing how it will retrieve and handle medications within the hospital that are recalled or discontinued for safety reasons by the manufacturer or the U.S. Food and Drug Administration (FDA).

- The organization implements its policy on retrieving and handling medications when they are recalled or discontinued for safety reasons.
When a medication is recalled or discontinued for safety reasons by the manufacturer or the U.S. Food and Drug Administration (FDA), the organization notifies the prescribers and those who dispense or administer the medication.
The organization determines under what circumstances unused, expired, or returned medications will be managed by the pharmacy or the organization.

The organization determines if and when outside sources are used for destruction of medications.

The organization implements its process for managing unused, expired, or returned medications.
MM.06.01.01: The organization safely administers medications.

- The organization defines, in writing, licensed independent practitioners and the clinical staff disciplines that are authorized to administer medication, with or without supervision, in accordance with law and regulation.

- Only authorized licensed independent practitioners and clinical staff administer medications.

  - Note: This does not prohibit self-administration of medications by patients, when indicated.
Before administration, the individual administering the medication does the following:

- Verifies that the medication selected matches the medication order and product label.
- Visually inspects the medication for particulates, discoloration, or other loss of integrity.
Verifies that the medication has not expired.

Verifies that no contraindications exist.

Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.

Discusses any unresolved concerns about the medication with the patient’s licensed independent practitioner, prescriber (if different from the licensed independent practitioner), and/or staff involved with the patient's care, treatment, and services.

the patient or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication.
MM.06.01.03: Self-administered medications are administered safely and accurately.

- Note: The term self-administered medication(s) may refer to medications administered by a family member.

- If self-administration of medications is allowed, written processes that address training, supervision, and documentation guide the safe and accurate self-administration of medications or the administration of medications by a family member.
The organization educates patients and families involved in self-administration about the following:

- Medication name, type, and reason for use.
- How to administer medication, including process, time, frequency, route, and dose.
- Anticipated actions and potential side effects of the medication administered.
- Monitoring the effects of the medication.
The organization determines that the patient or the family member who administers the medication is competent at medication administration before allowing him or her to administer medications.
The organization safely manages investigational medications.

- The organization has a written process addressing the use of investigational medications that includes review, approval, supervision, and monitoring.

- The written process for the use of investigational medications specifies that when a patient is involved in an investigational protocol that is independent of the organization, the organization evaluates and, if no contraindication exists, accommodates the patient’s continued participation in the protocol.

- The organization implements its processes for the use of investigational medications.
MM.07.01.03: The organization responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

- The organization has a written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

- The organization has a written process addressing prescriber notification in the event of an adverse drug event, significant adverse drug reaction, or medication error.

- The organization complies with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors.
MM.07.01.03: The organization responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

- The organization implements its process for responding to adverse drug events, significant adverse drug reactions, and medication errors.

- For organization that use Joint Commission accreditation for deemed status purposes: Medication administration errors, adverse drug reactions, and medication incompatibilities as defined by the organization are immediately reported to the attending physician or clinical psychologist and as appropriate to the organization-wide quality assessment and performance improvement program.
MM.08.01.01: The organization evaluates the effectiveness of its medication management system.

- Note: This evaluation includes reconciling medication information.

- The organization collects and analyzes data on the performance of its medication management system.

- The organization compares data over time to identify risk points, levels of performance, patterns, trends, and variations of its medication management system.

- The organization reviews the literature and other external sources for new technologies and best practices.
Based on analysis of its data, as well as review of the literature for new technologies and best practices, the organization identifies opportunities for improvement in its medication management system.

The organization takes action on improvement opportunities identified as priorities for its medication management system.

The organization evaluates its actions to confirm that they resulted in improvements for its medication management system.

The organization takes additional action when planned improvements for its medication management processes are either not achieved or not sustained.

MM.08.01.01: The organization evaluates the effectiveness of its medication management system.
Accreditation On-Site Survey Process

- Trace patient experience (patient tracers)
  - Observe care provided
- Conduct patient interviews re:
  - Selection of primary care clinician
  - Information offered on how to access the center
  - Consideration of language, cultural needs and preferences
- Discussions with organization leaders and staff re:
  - Scope of services available—acute, chronic, behavioral health
  - Determining the composition of interdisciplinary teams
- Observe use of infrastructure elements
  - Clinical decision support tools, HIT, e-prescribing, referral tracking
Accreditation On-Site Survey Process

- Clinical Record review
  - Patient self-management goals
  - Follow-up on care recommendations, test results
- Building Tours
- HR file review
  - Primary care clinician qualified for the role, working within scope of practice, and in accordance with laws and regulation
- Review of performance improvement data
  - Patient perception of access and care coordination
- Daily Briefings and Exit Conference
  - Written report with both accreditation and PCMH requirements for improvement
Distinguishing Features of Joint Commission Accreditation

- **Staff & Service**
  - Dedicated Account Executive and Project Director
  - Certified and salaried surveyors: ongoing training and evaluation
  - Standards Interpretation Staff
  - Short report turn-around time

- **Education & Training Resources**
  - Publications — Webinars and Teleconferences
  - Mock surveys — Training Conferences
Distinguishing Features of Joint Commission Accreditation

- **Name Recognition**
  - All settings (Lab/Behavioral Health)
  - Accreditation for 3 year period

- **State of the Art Standards**
  - National Patient Safety Goals
  - Levels of Criticality

- **Accreditation Process**
  - On-site survey tracers, consultative, leading practices & written report
  - First survey scheduled then re-surveys unannounced
  - Periodical Performance Review
  - Certifies and accredits your entire organization for a 3 year period, and
  - Provides assistance to attain/maintain accreditation and PCMH throughout the process
Comparison

What’s the difference between AAAHC and TJC accreditation?
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<thead>
<tr>
<th>Section</th>
<th>Activity</th>
<th>AAAAHC</th>
<th>Joint Commission</th>
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<tbody>
<tr>
<td>1.0</td>
<td>Survey Services</td>
<td></td>
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<tr>
<td>1.1</td>
<td>Initial survey of ambulatory care services</td>
<td>Yes</td>
<td>Yes</td>
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<td>1.2</td>
<td>Re-accreditation surveys and self-assessments of ambulatory care services</td>
<td>Yes</td>
<td>Yes</td>
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<td>1.3</td>
<td>Surveys of laboratory services: waived tests and provider performed microscopy</td>
<td>Yes</td>
<td>Yes</td>
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<td>1.4</td>
<td>Surveys of laboratory services: moderately and high complexity labs</td>
<td>Yes</td>
<td>Yes. Meets CLIA ‘88 Lab Certificate of Accreditation requirements so state survey is not needed</td>
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<td>1.5</td>
<td>Integrated Behavioral Health Services</td>
<td>Yes</td>
<td>Yes</td>
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<td>1.6</td>
<td>Stand alone behavioral health services</td>
<td>No</td>
<td>YES. When either chemical dependency services are offered (with more than 100 visits per year) or behavioral health services are offered with 20% or more of the total number visits for all services.</td>
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### 2.0 The Accreditation Cycle

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<tr>
<td>2.1</td>
<td>Three year cycle for on-site survey process to evaluate compliance with standards for ambulatory and behavioral health</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>2.2</td>
<td>Post survey activities to assure ongoing compliance with current standards</td>
<td>Yes</td>
<td>Yes</td>
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<td>2.3</td>
<td>An unannounced survey following initial surveys</td>
<td>No</td>
<td>Yes</td>
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<td>2.4</td>
<td>Two year survey cycles for laboratory</td>
<td>No</td>
<td>YES. A laboratory survey may be needed at a different time than when the ambulatory survey is conducted</td>
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<td>3.0</td>
<td>Electronic Application</td>
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<td>3.1</td>
<td>Electronic, web based application process</td>
<td>Yes</td>
<td>Yes</td>
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<td>4.0</td>
<td>Surveyors and Staff</td>
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<td>4.1</td>
<td>Experienced professional surveyors and staff</td>
<td>Yes</td>
<td>Yes</td>
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<td>4.2</td>
<td>Initial and ongoing surveyor training</td>
<td>Yes</td>
<td>Yes</td>
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<td>4.3</td>
<td>Monitoring and evaluation of surveyor performance</td>
<td>Yes</td>
<td>Yes</td>
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<td>5.0</td>
<td>Compliance with HRSA's Statutory and Regulatory Requirements</td>
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<td>5.1</td>
<td>Evaluates compliance with HRSA/BPHC's statutory and program requirements</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Section</td>
<td>Activity</td>
<td>AAAHC</td>
<td>Joint Commission</td>
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<tr>
<td>6.0</td>
<td><strong>Accreditation Standards</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>Standards handbook and/or manual</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6.2</td>
<td>Medical home certification/ recognition</td>
<td>YES.</td>
<td>NO. However, The Joint Commission expects to release their Primary Care Home designation requirements in early 2011, for implementation by mid 2011.</td>
</tr>
</tbody>
</table>

YES. The health center can elect to be surveyed under the Core chapters and the Medical Home chapter. Successful completion will result in a Medical Home Accreditation certificate.
<table>
<thead>
<tr>
<th>Section</th>
<th>Activity</th>
<th>AAAHC</th>
<th>Joint Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.0</td>
<td><strong>Electronic Application</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>Mock survey or pre-survey</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7.2</td>
<td>Publications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3</td>
<td>Professional assistance with interpretation of standards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.4</td>
<td>Webinars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5</td>
<td>Accreditation readiness packets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.6</td>
<td>technical assistance on site and phone calls</td>
<td></td>
<td></td>
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<tr>
<td>7.7</td>
<td>Dedicated web site for health centers</td>
<td></td>
<td></td>
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<tr>
<td>Section</td>
<td>Activity</td>
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<td>Joint Commission</td>
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<tr>
<td>8.0</td>
<td>On-site Post Survey Conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1</td>
<td>Summation conference</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8.2</td>
<td>Preliminary report provided on-site</td>
<td>No</td>
<td>Yes</td>
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</tbody>
</table>

8.0 On-site Post Survey Conference
<table>
<thead>
<tr>
<th>Section</th>
<th>Activity</th>
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<th>Joint Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.0</td>
<td>Reports and Accreditation Decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.1</td>
<td>Decision letter within 10 business days</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>9.2</td>
<td>Final survey report</td>
<td>Provided to the health center 30-days after the last day of the survey.</td>
<td>Usually 48 hours (unless there are issues raised by the surveyors that must be reviewed by Central Office staff).</td>
</tr>
<tr>
<td>9.3</td>
<td>Plan of correction</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>9.4</td>
<td>Appeal of a negative accreditation decision</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
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<td>Activity</td>
<td>AAAHC</td>
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<tr>
<td>10.0 Intra Cycle Activities</td>
<td></td>
<td></td>
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<tr>
<td>10.1</td>
<td>Annual periodic performance review</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10.2</td>
<td>Random unannounced survey</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>10.3</td>
<td>Discretionary survey or for cause survey</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>11.0</td>
<td>11.0 Education, Training, and Technical Assistance</td>
<td></td>
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</tr>
<tr>
<td>11.1</td>
<td>Teleconferences</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11.2</td>
<td>Activities/programs in conjunction with the National Association of Community Health Centers and/or Primary Care Associations</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>11.3</td>
<td>Continuing Education Units (CEUs)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>11.4</td>
<td>Annual conference</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>11.5</td>
<td>Conference calls and audio conference</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11.6</td>
<td>Webinars</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11.7</td>
<td>Custom on-site training</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
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<tr>
<td>12.0</td>
<td>Contact Persons at Accreditation Organizations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 12.1    | Contacts | Ron Smothers  
Assistant Director, Accreditation Services  
rsmothers@aaahc.org | Lon Berkeley  
Project Director, CHC Accreditation  
630-792-5787  
lberkeley@jointcommission.org |
|         |          | Rex Zordan  
Senior Account Executive  
630-792-5509  
rzordan@jointcommission.org | |
|         |          | Delia Constanzo  
BPHC Accreditation Initiative  
630-792-5011  
dconstanzo@jointcommission.org | |
The Role of a Pharmacist

Where do we fit in?
As a consultant pharmacist, we should....

- Know which accreditation the clinic has or seeks to attain
- Understand the requirements and guidelines of each accreditation/certification where applicable
- Ensure the standards associated with medication are adhered to
- Always perform required inspections, CQI meetings, and annual pharmacy meetings according to guidelines. They aid in keeping the clinic in compliance with their accreditation standards.
- Be a valued resource to the practice
Questions?
Thanks for your attention and participation
References

- U.S. Department of Health & Human Services website
  - http://www.hhs.gov/about/

- Centers for Medicare and Medicaid Services (CMS) website
    QualityInitiativesGenInfo/index.html

- Health Resources and Services Administration website
  - http://www.hrsa.gov/about/index.html
References

- HRSA’s Quality Initiatives – Many Paths to a Patient Centered Medical Home. 31 May 2012 (PowerPoint)

- JCHAO 2013 E-dition Comprehensive Accreditation Manual (Chapter: Medication Management)

- JCHAO website
References

- AAAHC handbook

- AAAHC website
  - http://www.aaahc.org/

- HRSA ACCREDITATION INITIATIVE RESOURCES: Comparison Chart