

HEALTH SERVICES QUALITY IMPROVEMENT IMPLEMENTATION GUIDE

QIIG: 49

(May 2013)

SUBJECT: AAAHC SURVEY APPLICATION PROCESS

PURPOSE: The purpose of this QIIG is to provide guidance on completing the general section of the AAAHC Application for Survey and to provide information on the survey preparation and process.

DISCUSSION: All Coast Guard clinics must complete and achieve external accreditation. Each facility is required to complete the application for survey and submit directly to AAAHC at least three (3) months, but no greater than six (6) months prior to the scheduled survey. The application and survey fees are paid by the HSWL SC. guidance is provided in this QIIG for those general questions related to the governing body and/or otherwise not related to the clinic. Additionally, the evolution of previous surveys has resulted in numerous lessons learned.

ACTION: Senior Health Services Officers, Medical/Clinic Administrators, Quality Improvement Coordinator, and other key individuals directly involved in the application process for upcoming AAAHC survey of the facility shall be familiar with the application survey process/requirements.

1. Overview.

This implementation guide has been developed in two sections. The first section provides the requirements to complete the survey application. The second section provides details related to the survey process and tips for successfully achieving accreditation. The AAAHC survey application is designed to provide AAAHC with a profile of the facility requesting the survey and to provide the surveyors, AAAHC staff, and Accreditation Committee a better understanding of the facility, its organization, and its practices. Answers to the questions are not used to weigh accreditation decisions. All questions on the application shall be addressed and the supporting documentation shall be submitted along with the application in order for the application to be processed. The application shall be submitted at least three (3) months, but no greater than six (6) months, prior to the scheduled survey. The survey must be completed within six (6) months of the date of the application, after which it will expire and the facility will be required to submit a new application. Application and survey fees will be paid by HSWL SC upon completion of the survey and receipt of the accreditation report from AAAHC. Any requests for a survey date change shall be vetted through the Contracting Officer Technical Representative (COTR) in HSWL SC. No schedule changes can be made without the approval of the COTR due to contracting considerations.

2. Definitions.

- a. Organization. The Coast Guard Health Care facility being surveyed.
- b. Governing Body. The Coast Guard Health, Safety, and Work Life Directorate, COMDT (CG-11) and delegated members.

3. Application Information.

- a. The online application is found at www.aaahc.org. Ensure all requested supporting documents are attached and submitted where indicated during the application process.
- b. Enclosed is guide for requesting chapters to survey during the application process.
- c. Accreditation decision letter shall be addressed to the facility.
- d. Coast Guard ambulatory health care facility is owned by the federal government, U.S. Coast Guard.
- e. Satellite facilities are those in which the primary facility/clinic provides personnel support (providers and technicians).
- f. Question: “Why are you seeking accreditation?” and “Why did you choose the AAAHC to be your accreditation organization?” should include “contract established by HSWL-SC”.
- g. Under Section 2 (Governance) and Section 3 (Administration), the name of the Governing Body is U.S. Coast Guard Health, Safety, and Work Life Directorate. Members of the Board of Directors are currently as follows:

Director, Health, Safety & Work Life Directorate; Deputy Director, Health, Safety & Work Life Directorate; Chief, Office of Health Services; Chief, Office of Safety and Environmental Health Chief, Chief, Office of Work Life Division; Commanding Officer, HSWL SC

The Board of Directors meets semi-annually and is responsible for developing long range plans. The term of service and/or professional specialty does not apply. Applicants may contact HSWL-SC for current and updated information regarding the members of the Board of Directors.

4. Survey Preparation Steps

- a. Self Assessment. Perform a self assessment based on the AAAHC standards 12 – 18 months prior to your survey. This allows time to make any changes necessary to ensure compliance with standards.
- b. Notice of Survey. Post the “Notice of Survey” sent to you by AAAHC. This must be posted in a prominent location within the clinic so all staff and patients can see it at least 1 month prior to your survey date.

- c. Space. Reserve any conference rooms needed based on the agenda sent by AAAHC.
- d. Documentation. Collect and organize all documentation to demonstrate compliance with standards at least 1 week prior to the survey. It is recommended you review this information with the survey chair during the pre-survey conference call.
- e. Food. Create a list of local restaurants accessible to the surveyors both on and off site.
- f. Workroom. Create a surveyor workroom with space for at least two surveyors. Provide a computer, printer, and shredder with computer access to patient electronic health records via PGUI, or other system.
- g. Transportation. During the pre-survey conference call, coordinate with the chair regarding pick up times for transportation as needed.
- h. Scheduling. The SHSO, clinic administrator, and/or QI coordinator will work directly with AAAHC to establish a survey date. Any changes to the established date must be coordinated through HSWL SC as outlined below.
- i. Coordination and Scheduling Changes. Recognizing that clinic operations may require a change in the planned survey date in the master schedule, if re-scheduling is desired during the contract year of the survey, the request should be made via email. The email should be routed to HSWL SC. Additionally, once the survey dates have been confirmed, the clinic management (SHSO, clinic administrator, and/or QI coordinator) will remain in contact with AAAHC as needed.
- j. Request for Extension. If there is a request for consideration to extend the clinic AAAHC certification beyond the expiration date, the clinic must make the request in writing at least six months prior to expiration through the command to HSWL SC citing the circumstances. Once HSWL SC receives the request, HSWL SC will forward the letter and its endorsement to AAAHC for review and consideration. AAAHC will make the final determination and decision regarding extension of the certification of the clinic. Additionally, the COTR within HSWL SC will work with the assigned USCG contracting office as this may require a modification to the contract.
- k. CCQAS access and training. The Coast Guard official credentials file for all privileged and credentialed providers is maintained in an electronic format on the Centralized Credentials Quality Assurance System (CCQAS). Each clinic administrator will have “read only” capability to review provider demographics for the Coast Guard domain, provided through CG-1122. At least 90 days prior to the survey, the clinic administrator should become familiar with the use of CCQAS and review the credentials for every privileged provider (active duty,

contract, auxiliary, volunteer) practicing in their respective clinic. One-on-one training in CCQAS will be provided by HSWL SC as required. The clinic administrator will use CCQAS throughout the year as the primary resource for monitoring the status of a credentialed provider's record. During the survey, the clinic administrator shall sit with the surveyor to electronically review all credentialed and privileged providers assigned to the facility, via CCQAS. It is not recommended to print screen shots of CCQAS with respect to provider protected information. Additionally, clinics are reminded that CCQAS contains all required documents based on industry standards, including DoD and NCQA. Individual surveyor's preference for documents to include into CCQAS may be taken as a suggestion only.

- l. Patient Satisfaction and Peer Review. Clinic level reports for patient satisfaction and peer review are available through the Medical Encounter Review System (MERS). Clinic QI Coordinator or Administrator should have access to patient satisfaction data in MERS and be able to access reports for surveyors.
- m. During the survey. The primary objectives during the survey are to guide the surveyors through your clinic in a professional and efficient manner demonstrating compliance to the AAAHC standards and Coast Guard policy. HSWL SC will work with CG-1122 to establish a policy point of contact for the clinic during the survey dates to answer policy questions, and liaise with CG-1122 to provide additional guidance, including access into CCQAS for review of credentials and privileges. Understanding that questions will arise related to policy and its interpretation, the HSWL SC is the entity responsible for mission execution and CG-112 has responsibility for policy development/interpretation. It is suggested that all policy questions that cannot be answered locally should be directed to the designated CG-1122 point of contact assigned to be available during your survey.
- n. Post survey. Once the survey is complete, the surveyors will prepare their findings and recommendations to submit to AAAHC. The board at AAAHC will review the findings and make the decision as to the period of accreditation. The final survey report is due to Coast Guard 30 working days (approximately six weeks) upon completion of the survey. AAAHC will provide completed survey reports to both the HSWL-SC COTR and the designated CG-1122 officer. The HSWL-SC COTR will be responsible for disseminating all survey results to the clinic and managing all appropriate follow up actions. CG-1122 will review with respect to specific policy concerns and governance issues, directing action as necessary.
- o. AAAHC Survey Evaluation. AAAHC provides a system to provide feedback regarding the survey process as well as the surveyors. AAAHC has contracted with a third party call center to conduct post-survey phone evaluations of their survey process and the surveyors. Approximately one week after completion of the clinic survey, a representative from the call center will contact the primary contact at the clinic to speak with them about the recent survey. This is used to

assist AAAHC in improving their process. Clinics are advised to also provide feedback of the survey process to HSWL SC and CG-112 in order to provide supportive comments to CG Contracting when exercising each option year of the contract.

- p. Certificate of Accreditation. Upon completion and submission of survey reports and decision, AAAHC will send the AAAHC Marketing Kit to the clinic. The kit contains a certificate and certificate order form. The first certificate is available at no cost to the clinic. Additional certificates are available at a cost. If the clinic wishes to order more than one certificate, they may do so at clinic expense.

5. Survey Tips and Advice

- a. Policy interpretation and questions. Refer to the CG-1122 representative for those questions that cannot be effectively addressed in the field. Generally there is greater acceptance when the explanation comes from Headquarters and can be clarified from experience/issues from other surveys.
- b. Provider Credentials Files. Paper provider files will not be sent to the survey site. AAAHC understands that all electronic documents in CCQAS are considered original and certified as true and official copies.
- c. Identified Deficiencies. Make every effort to correct what you can during the survey. It is important to make every effort to address any violation or deficiency discovered during the survey where possible. This makes a bold statement as to your willingness to improve and self-correct. Facilities are reminded that surveyors are to review facility operations based on the AAAHC Accreditation Handbook. Surveyors can offer recommendations or suggestions for improvement, but are not authorized to advise the facility to alter current Coast Guard Medical Manual policy. Likewise, it is incumbent for clinic personnel to be knowledgeable regarding Coast Guard business practice and to provide that information to the surveyors when required.
- d. Surveyor Accommodation. The survey process should be treated as a business relationship. Surveyors shall be provided appropriate space to conduct the survey and review documents. Surveyors are reimbursed for all travel, lodging, and per diem (including meals). Units/facilities shall limit special presentations to the surveyors (i.e., meals, unit ball caps, etc.) as this could misrepresent the intent of the business relationship.