



Institute *for*
Medical Quality

Ambulatory Accreditation
Program Description

SURGICAL AND OUTPATIENT AMBULATORY CARE ACCREDITATION PROGRAM

Essential reading for facilities going through
the accreditation process.

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BACKGROUND

The Institute for Medical Quality (IMQ) is a non-profit organization that promotes quality health care and patient safety through accreditation and education. IMQ's experience in accrediting health care organizations includes the following programs: Corrections and Detentions Health Care Program, CME (Continuing Medical Education) Accreditation and Certification Programs, and the Ambulatory Accreditation Program (for Surgical and Outpatient Facilities), in addition to many other educational and consultation programs.

IMQ accredits ambulatory surgery centers (ASC) for **MEDICARE DEEMED STATUS**. On April 29, 2016, the Institute for Medical Quality's Ambulatory Accreditation Program was officially recognized as a national accrediting organization for ambulatory surgical centers (ASCs) that participate in the **Medicare or Medicaid programs (CMS)**.

IMQ also provides oversight and consultation to medical groups, surgery centers, office-based surgery practices, and other facilities both large and small seeking accreditation. Since its inception, IMQ's Ambulatory Accreditation Program has been recognized by the Medical Board of California as an approved accrediting body for outpatient surgical settings (see California Health and Safety Code, Division 2, Chapter 1.3, section 1248 – 1248.85). IMQ's Program also is recognized in state regulations for office-based surgery in:

- Delaware (see Administrative Code, Title 16, Department of Health and Human Services, Division of Public Health, 4400 Health Systems Protection),
- Kansas (see Kansas Administrative Regulations, section 100-25-4 ["Office-Based Surgery and Special Procedures Using General Anesthesia Or A Spinal Or Epidural Block"]),
- Nevada (see Nevada Administrative Code 449.999424, subparagraph 4 [for outpatient facilities] and Nevada Administrative Code 449.9745 1A4 [for Ambulatory Surgery Centers],,
- Oregon, Oregon Administrative Rule 847-017-0010 ["Office Based Surgery and Procedures, Patient Safety"]), and
- Washington (see WAC 246-919-601 - Safe and effective analgesia and anesthesia administration in office-based surgical settings).

Our program provides outpatient facilities with the opportunity to be reviewed by peers who are familiar with issues specific to medical practices. On-site educational consultation and assistance are offered throughout the entire accreditation process.

The *IMQ Accreditation Standards for Surgical and Outpatient Facilities* manual features separate standards for solo/small groups and large medical group practices and meet or exceed the CMS Medicare requirements. A procedure for Life Safety Code Inspection is available for facilities seeking Medicare Deemed Status option.

IMQ's Ambulatory Accreditation Program offers outpatient facilities a practical, meaningful, and cost-effective method for improving health care quality. IMQ surveyors are a distinct group of physicians, registered Nurses, and industry professionals who have extensive ambulatory care experience and who are familiar with government

regulations and patient needs. As IMQ expands to new states, it recruits physicians from those states to conduct surveys.

PRE-SURVEY

All facilities applying for accreditation complete an *Application for Accreditation Survey*. **Facilities requesting CMS deemed status option** complete the same application and submit additional documents as listed in the application (page 8). By collecting and reviewing documentation before the survey, IMQ is able to spend less time on-site, which allows for a less expensive survey. IMQ staff may contact the facility to clarify information if needed. A *pre-survey analysis* is prepared by IMQ staff and sent to the facility three weeks before the survey date. This gives the facility the opportunity to obtain missing information or make recommended changes prior to the survey day. **This step is skipped for facilities requesting CMS deemed status option.**

Facilities must submit their application and application fee at least four months in advance of the desired survey date. Re-surveys (facilities already accredited by IMQ) also must submit their application and fees at least four months in advance of their expiration date. There is no guarantee that IMQ will be able to get the facility through the accreditation process before their expiration date if the application is not received in a timely manner. Furthermore, the facility will be charged a late application fee. *This is essential, since IMQ cannot extend a facility's expiration date.*

Once an application is received by IMQ, the material is reviewed and the scope of the survey is determined. The facility is contacted to schedule a mutually convenient survey date and is sent an invoice for the survey. The facility agrees to submit the required fees to IMQ at the receipt of invoice or no later than 45 days before the scheduled on-site survey. It is recommended that the site schedule a "light" day so that physicians and staff are available to the surveyor and there is less disruption to patients. Please note that all key staff and the physician owner(s) must be available on the day of survey. The schedule, if appropriate, should include a procedure for the surveyor to observe. Soon after scheduling, facilities will receive a confirmation letter announcing IMQ surveyors and activities that take place on the survey day. **CMS deemed status surveys are unannounced. The facility will submit three months of schedules and IMQ will choose a date from the schedule. The Life Safety Code survey also is unannounced.**

When selecting surveyors for a specific survey, IMQ takes into consideration factors such as the range of services performed, facility type, size, location, and the facility's preferred choice of dates. All survey teams contain at least one physician surveyor.

SURVEY DAY

The surveyor(s) arrive at the facility at 8:00 am on the day of the survey. An orientation meeting with key medical and administrative staff of the facility is conducted. The surveyor reviews the survey agenda and answers any questions the staff may have about the survey and the survey process. The following actions occur during the opening conference:

- Identification of the facility's liaison for the survey team;
- Discussion of any changes needed in the suggested agenda with consideration of staff schedules and observation of a procedure (if possible);
- Identification by the surveyor of the clinical records to be pulled for review and determination of the time the records will be available; and
- Arrangement for a review of the quality assurance activities, including meeting with the physician in charge of quality assurance. A request is made that quality assurance studies and minutes be available for review.

After the opening conference, the surveyor tours the facility, including operating and recovery rooms, laboratory and other technical and support services, and administration. The surveyor evaluates the facility based on all applicable standards in the latest *IMQ Accreditation Standards for Ambulatory Facilities* Manual. The surveyor also interviews key personnel.

The surveyor(s) will review, among other items listed in the *IMQ Accreditation Standards for Ambulatory Facilities* Manual, the following:

- A random sampling of patient medical records;
- Complete credentials files for all clinical staff;
- Pharmaceutical control logs;
- Calibration logs of appropriate equipment and copies of maintenance contracts;
- Infection control practices;
- Documentation of periodic safety drills, testing of safety equipment (fire extinguishers, medical equipment, etc.), and periodic testing of back-up power.

At the end of the day, after the collection of final data, a summation conference is held. The surveyor(s) present their findings to representatives of the organization for discussion and clarification. The facility can choose which personnel should be present during this conference. The summation conference is an important segment of the survey process. It is the last opportunity for direct face-to-face interaction with the surveyor, allows for consultation and education, and allows the organization to clarify or explain possible discrepancies or compliance issues.

The surveyor(s) does not make an accreditation decision, but instead, reports findings to the Ambulatory Care Review Committee. Therefore, during the summation conference, the surveyor will not state whether the facility will be awarded an accreditation.

POST-SURVEY

The surveyor completes the appropriate survey report forms and other survey documents and submits the documents to IMQ staff for report preparation.

The reports and recommendations of surveyor(s) are sent to the IMQ Ambulatory Care Review Committee, which makes the accreditation decision. The accreditation decisions which may be rendered are:

- **Three Year Accreditation**
- **Three-Year Accreditation with One Year Re-survey**
- **Nine Month Accreditation**
- **Probation**
- **Non-Accreditation**
- **Deferred Decision**

The facility will receive notice of the decision within eight (8) days of the date of the Committee meeting. **Facilities requesting the CMS deemed status option will receive notice of the decision within 10 days of the end of the survey (IMQ and LSC).** The accreditation decision may include a request for the facility to submit one or more written Interim Reports and the deadlines for compliance as part of a Corrective Action Plan (CAP).

Upon receipt of the Accreditation Report (AR)/CAP the facility must:

1. Identify the person responsible (by title, not by name) for each corrective action listed in the "Accreditation Report and Corrective Action Plan" (AR/CAP).
2. Have the medical director sign and date that s/he agrees to this plan of correction.
3. Fax the document to IMQ within one week of the date on the letter.
4. Post the CAP with this added information in public view (for states that have this requirement i.e., California), and
5. Submit to IMQ interim reports as indicated in the AR/CAP.

Once all interim reports have been submitted and approved by IMQ, 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.

A facility has the right to request appeal or reconsideration of a decision made by the Committee.

On occasion, a facility will be given a "deferred decision", which gives the facility a very short period of time to implement immediate corrections and then IMQ will re-survey the facility, if needed, to make a decision.

When an organization receives accreditation, the organization is responsible for maintaining compliance with the IMQ accreditation standards for the full duration of the accreditation term.

The organization must notify IMQ of any action by a government entity, including filings with the state Medical Board, patient death or emergency admission to the hospital, change in ownership or control, or any other change in organization, capacity, scope of services, name or location. Failure to do so can result in loss of accreditation.

SURVEY FEES

Recognizing the competitive health care climate, IMQ surveys are affordable for even small physician practices. IMQ analyzes each facility to determine the number of days and surveyors needed to conduct a survey. This determination is made based on such factors as the number of providers rendering services, the number of patients, the size of the facility, the scope of services rendered, and the number of satellite offices (sites). Most small offices fall under the one day/one surveyor category. (There are additional fees for surveys that are postponed or cancelled.)

CMS considers each site a separate entity. Therefore, facilities requesting the CMS deemed status option will have one full survey (IMQ and LSC) for each site).

In addition to the survey fee, facilities will be required to submit a non-refundable application fee and any applicable state fees. Shortly after receipt and review of the application, IMQ will notify the facility of the number of surveyors and days required.

An invoice for the survey fee will be sent to the applicant facility. Payment of this invoice must be received by the IMQ at the receipt of invoice or no later than 45 days before the scheduled on-site survey. For CMS deemed status surveys, fees are due at receipt of invoice.

SUMMARY

IMQ's Ambulatory Care Review Program offers outpatient facilities a practical, meaningful, and cost-effective method for improving the quality of health care. The standards for accreditation are a guideline for quality management for ambulatory practices. They are an important tool for review and development of office operations.

IMQ has separate standards specific to solo or small practices and larger organized medical staffs. IMQ's pre-survey review of documentation simplifies the on-site review and expedites the accreditation process. IMQ's goal is for the survey process to be an educational and valuable experience for every member of the facility's team. IMQ provides assistance to facilities to make the accreditation process meaningful and manageable.

We look forward to working with you.

FURTHER INFORMATION

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