AMBULATORY CARE ACCREDITATION PROGRAM POLICY

INTRODUCTION

The Institute for Medical Quality’s (IMQ) Ambulatory Care Review Program’s goal is to improve the quality of care and health services delivered in the full range of ambulatory care facilities.

The policies set forth in this document concern the activities necessary for the proper administration of IMQ's Ambulatory Care Review Program. They are binding on each facility (and its site(s)) that seeks and/or obtains accreditation with IMQ. State laws, rules, regulations, and the goal of achieving the highest quality of care, are the foundations upon which the accreditation process is built.

Under the auspices of IMQ, the Ambulatory Care Review Committee (ACRC) oversees the accreditation process of ambulatory care facilities. This involves compliance with standards mandated by law, rules, regulations, and industry best practices.

Since its inception, IMQ’s Ambulatory Care Review Program has been officially recognized by the Medical Board of California as an approved accrediting body for outpatient facilities. IMQ’s Ambulatory Care Review Program also is recognized in state regulations for office-based surgery in Kansas, Nevada, and Oregon. (See Kansas Administrative Regulations, section 100-25-4 [“Office-Based Surgery and Special Procedures Using General Anesthesia Or A Spinal Or Epidural Block”], Nevada Administrative Code 449.999424, subparagraph 4 [for outpatient facilities] and Nevada Administrative Code 449.9745 1A4 [for Ambulatory Surgery Centers], and Oregon Administrative Rule 847-017-0010 [“Office Based Surgery and Procedures, Patient Safety”]).

IMQ’s Ambulatory Care Standards Committee, comprised of physicians with extensive experience in ambulatory care, thoroughly examined state laws and regulations, standards from a wide range of national accreditation bodies, and the latest community best practices, to create accreditation standards that are true indicators of quality.

IMQ’s policies are subject to change with notice to each IMQ-accredited facility.

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AMBULATORY CARE ACCREDITATION PROGRAM

I. ELIGIBILITY REQUIREMENTS

Facilities eligible for IMQ ambulatory accreditation are:
- ambulatory surgery centers
- office-based surgery practices
- fertility clinics
- diagnostic facilities
- medical groups
- medical offices
- college and university health services
- occupational health centers
- community health centers
- urgent care centers

II. INITIAL APPLICATION REQUIREMENTS

The following requirements must be met before applying for accreditation:

A. The facility has appropriate policies and procedures and documentation evidencing that it is in substantial compliance with standards as described in IMQ’s Accreditation Standards for Ambulatory Facilities Manual.

B. The facility has been providing health care services that do not require accreditation for at least six months before the on-site survey. However, if the facility is new, it may qualify for an Initial Readiness Review (IRR). (See Section IV, “Initial Readiness Review.”)

C. The facility is an outpatient setting to include any clinic, unlicensed clinic, center, office, or other setting that is not part of a general acute care facility.

D. The facility is in compliance with applicable federal, state, and local laws and regulations.

E. The facility provides medical care that is under the direction or supervision of a physician or group of physicians who accept responsibility for that medical care.

F. The facility operates without bias regarding race, creed, gender, sexual orientation or national origin.

G. The facility completes and signs the application for survey, attests to the truth of the
information submitted, and agrees to submit other requested documents in advance of the survey.

H. The facility agrees to abide by IMQ policies and procedures as set forth herein, as set forth in the application or re-application for IMQ accreditation, and in other documents provided to the facility by IMQ, as amended from time to time by IMQ’s Board of Directors. Changes in IMQ policy and procedures are effective immediately upon adoption by IMQ’s Board of Directors and with notice of changes given to accredited facilities.

I. 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.

III. INITIAL APPLICATION AND SURVEY FEES

All fees associated with the ambulatory program are established by IMQ’s Board of Directors, and are reviewed and updated as necessary. Any changes in either application or survey fees are effective immediately with notice of changes given to accredited facilities.

The application fee must accompany submission of a completed application and other documentation required for an IRR or accreditation survey. Upon receipt of a completed application and application fee, IMQ will review the application and verify documentation submitted and ownership of the facility in order to determine the scope of survey and the survey fee. IMQ may request updated application information if the survey is not completed within ninety (90) calendar days of the application date.

Physician members of the facility listed on any applications for accreditation are verified by IMQ as having a valid state license. Any pending accusation or other disciplinary actions filed by their state Medical Board or other disciplinary agency shall be reviewed to determine, at its sole discretion, how to integrate the information into the survey process.

IV. INITIAL READINESS REVIEW (“IRR”)

An Initial Readiness Review is required when a facility has not opened its doors for the first time, or has been operating for less than six months and is not providing services that require accreditation. In an IRR, IMQ’s Ambulatory Program standards are assessed from the perspective of the facility’s readiness to achieve full compliance with accreditation standards, but without benefit of a track record of operations for at least six months. The initial review may be performed for ambulatory settings that are anticipating providing services that require accreditation.
After completion of an IRR, IMQ provides the facility with a determination of either “ready” or “not ready” to function in compliance with accreditation standards. A “ready” determination grants accreditation for a six month period, after which time the facility must undergo a post-IRR survey before it may qualify for a longer grant of accreditation.

A “not ready” determination requires the facility to take further steps, as specified by IMQ, before IMQ determines readiness of the facility to function in compliance with accreditation standards. For this reason, a “not ready” determination is not a denial of accreditation, nor do hearing rights apply. A subsequent IRR, including onsite review, may be required by IMQ, at the facility’s expense, in order to obtain accreditation after a “not ready” determination is made.

V. SCOPE OF SURVEY

The scope of the survey, delineating the number of survey days and the number of surveyors, is generally dependent upon the size and complexity of the facility and the sites being surveyed. The minimum survey length is one day with one surveyor (a physician). For larger facilities, one or more surveyors may be assigned for one or more days. IMQ will determine, at its sole discretion, the scope of the survey to be performed, including the exact number of days and number of surveyors to assign to any one survey.

Survey fees must be paid at receipt of invoice or no later than 45 days before the scheduled on-site survey. IMQ will invoice the facility for payment.

VI. MULTI-SITE FACILITIES (MULTIPLE SERVICE LOCATIONS)

In multi-site facilities, all “sites”:
- are operated by the same entity/owner;
- have a single, unified medical staff shared among all sites; and
- have unified management oversight and policies and procedures that are applicable to all sites.

Sites Requiring Accreditation: Facilities that have more than one site that requires accreditation must have all of these sites surveyed by IMQ. The accreditation decision that is rendered by IMQ will apply to all of the facility’s sites.

Sites that do not require accreditation: IMQ will determine the number of sites to be surveyed after reviewing pre-survey information. (See Section IX, “Pre-Survey Activity.”)
VII. POSTPONEMENT AND CANCELLATION POLICY

A. General Policy

1. Postponement and Cancellations. A facility may postpone/cancel any scheduled survey for accreditation, reaccreditation, Initial Readiness Review, or consultation subject to postponement/cancellation fees and other policies set forth herein. The application fee is not refundable. For postponements, all postponement fees must be paid to IMQ prior to conducting the survey.

2. Expiration of Accreditation. If IMQ accreditation for the facility expires during the period in which the facility has postponed/cancelled the survey, the facility no longer meets the accreditation requirements for its sites and immediately loses all benefits and privileges granted to it based upon its accreditation status. It is unprofessional conduct for any physician and surgeon in the outpatient setting to practice in a facility that requires accreditation after expiration of the accreditation period.

B. Survey Postponement Policy

1. Postponement 45 Calendar Days or More Before Scheduled Survey: If a facility makes a request to IMQ to postpone a scheduled survey more than forty-five (45) calendar days before the survey, IMQ shall charge the facility a postponement fee of 10% of the survey fee.

2. Postponement Less Than 45 Calendar Days before Scheduled Survey: If a facility makes a request to IMQ to postpone a scheduled survey less than forty-five (45) calendar days before the survey, IMQ shall charge the facility a postponement fee of 25% of the survey fee.

3. Postponement Turned into Cancellation: If a postponement should later develop into a cancellation, the cancellation fee set forth below shall apply minus any payment of postponement fee previously paid.

C. Survey Cancellation Policy

1. Cancellation 60 calendar days or more before scheduled survey: If a facility makes a request to IMQ to cancel a scheduled survey sixty (60) calendar days or more before the survey, IMQ shall refund the survey fee paid by the facility, minus a cancellation fee of 15% of the survey fee.
2. Cancellation between 60 and 30 calendar days before scheduled survey: If a facility makes a request to IMQ to cancel a scheduled survey less than sixty (60) calendar days but more than thirty (30) calendar days before the survey, IMQ shall refund the survey fee paid by the facility, minus a cancellation fee of 25% of the survey fee.

3. Cancellation less than 30 calendar days before scheduled survey: If a facility makes a request to IMQ to cancel a scheduled survey less than thirty (30) calendar days before the survey, IMQ shall refund the survey fee paid by the organization, minus a cancellation fee of 50% of the survey fee.

VIII. SURVEYOR ASSIGNMENT

Surveyors are assigned to a facility, to the extent possible, on the basis of their knowledge of, and experience with, the range of services provided by the facility seeking accreditation. Other contributing factors are the facility’s size, number of sites, location, needs, and preferred choice of dates. At least one physician surveyor will be present on all IMQ surveys.

The following criteria are followed when surveyors are assigned:

a) The surveyor shall not have performed the facility’s most recent accreditation survey. The IRR and the post-IRR can be performed by the same surveyor.

b) The surveyor has no known conflicts of interest involving the facility or its sites.

c) The surveyor shall not have served as a consultant to the facility or the site within the 5 year period prior to the date of scheduled survey.

d) The surveyor or his or her immediate family may have no significant beneficial interest in the facility or site, or in a facility or site that may be viewed as a competitor in the same market area as the facility.

e) The surveyor may not have provided expert witness services on behalf of any party in a lawsuit that involved or could involve the facility or any of its physicians or employees.

IX. PRE-SURVEY ACTIVITY

Upon receipt of a completed application and application fee, the facility will be asked to submit a range of dates for the survey so that the survey may be completed in a timely matter. While the surveyor will want to observe a procedure, the facility should schedule “light” days so there is less
disruption to the patients, and the physicians and staff can be available to the surveyor(s). When
the survey is scheduled, a surveyor is assigned. IMQ surveyors are screened for potential conflicts
of interest before being assigned to any survey. Nonetheless, the facility has the right to request a
change of surveyor if a potential conflict of interest exists and the facility provides IMQ with
sufficient information to substantiate that a conflict exists.

All facilities scheduled for a survey must submit documentation of specific policies and
procedures, administrative and credentialing information prior to the survey. The facility is
provided with a “checklist” of items that must be submitted (listed in the application). IMQ
thoroughly reviews this information and prepares an analysis prior to the survey. (Note: Policies or
other information submitted to IMQ that are (1) outdated, (2) describe a generic
organization, or
(3) otherwise do not describe accurately the systems or regular operations of the facility being
surveyed, cannot serve as required documentation for the pre-survey analysis.) The analysis
typically focuses on the standards that present the most common compliance problems. The
facility receives a copy of the pre-survey analysis and has an opportunity to make changes or take
corrective measures as needed before the surveyor arrives on site. These issues may be deemed to
be in compliance by the surveyor(s) on the day of the survey if appropriate actions have been taken
to meet compliance.

If a facility is not in compliance with all standards mandated by law on the day of the survey, or
has not been in compliance with standards prior to that time and shows no evidence of correction
on the day of the survey, the facility cannot qualify for accreditation. If, at any time since the date
of the last survey up to and including the day of the survey, the facility fails to comply with
standards that are not mandated by law, it is also possible that IMQ may deny or revoke
accreditation.

X. PUBLIC NOTICE OF UPCOMING SURVEY

IMQ will send the facility a “Notice of Accreditation Survey” which must be posted at each site in
a prominent location readily visible to patients and staff, e.g., in the patient waiting area, thirty (30)
calendar days prior to the scheduled survey. If the survey is scheduled less than thirty (30)
calendar days prior to the survey, the facility should post the “Notice of Accreditation Survey”
immediately upon confirmation of survey date. The Notice informs the public of the date of the survey and that any individual may request, through a written request to IMQ, a private meeting
with the surveyor during the survey to discuss any concerns. The notice includes IMQ’s address
and telephone number.

The Notice also instructs the public that an individual may, in lieu of talking with a surveyor, write
to IMQ and ask that specific concerns be reviewed during the survey.
In addition, any individual may at any time direct a complaint to IMQ which will be reviewed in a timely manner.

XI. PROCEDURES FOR SURVEY DAYS

Prior to the survey, the lead surveyor contacts the facility to arrange the agenda and discuss materials that must be made available on the day of the survey. At the start of the survey day, the surveyor meets with the facility staff to discuss the agenda and answer any questions the staff may have about the survey process.

After the opening conference, the surveyor tours the facility, evaluates the facility, including operating and recovery rooms (if applicable), laboratory and other technical and support services, and administration (if applicable). The surveyor interviews medical and nursing staff and administrative personnel and reviews clinical records and administrative areas and policies. Peer review, quality management, and credentialing policies and records also are reviewed.

It is strongly recommended that the facility, if it performs surgery or invasive procedures, schedule a procedure to occur during the survey. The surveyor assesses the set-up but does not engage in an assessment of the physician’s technical skills. The surveyor briefly reviews the operative suite. The patient should be informed and give consent for an observer to be present for a brief period of time during the procedure. In the event that a solo practice is being surveyed, IMQ recognizes that to be engaged in the survey process may complicate scheduling a procedure on the day of the survey.

At the conclusion of the survey day, the surveyor(s) conducts an exit conference. The participants in this exit conference include the surveyor(s), facility leaders, and appropriate staff from the facility. This conference is an opportunity for the facility to present any other information that may be helpful in determining compliance with the standards.

XII. POST-SURVEY PROCEDURES

The IMQ surveyor(s) completes the surveyor report forms (SRFs) and forwards them and any additional documentation collected on-site to IMQ staff within three days.

Most frequently, the findings from the survey and surveyor recommendation are reviewed at the next IMQ Ambulatory Care Review Committee (ACRC) meeting and an accreditation decision is rendered. The facility is notified thereafter. The Ambulatory Program’s goal is to render an accreditation decision within thirty (30) calendar days of the survey.

The ACRC reviews the findings of the facility and typically renders one of the following decisions,
with or without a requirement for interim reports to rectify any non-compliance found during the survey:

- Three-year accreditation
- One-year accreditation
- Six-month Accreditation
- Non Accreditation
- Probation for specified period of time, with requirement to implement a plan of correction approved by IMQ to correct deficiencies
- Letter of Reprimand
- Deferred Decision (See Section XIII)

IMQ may tailor an accreditation decision to particular circumstances such that the decision may not fall under one of the categories above, or may implement more than one category of decision. An Accreditation Letter and an Accreditation Report and Corrective Action Plan (AR/CAP) will be prepared and sent to the facility. The report documents the standards for which full compliance was not achieved and, for cases where accreditation is not denied or revoked, recommendations for the areas needing improvement. The accreditation decision may include a request for one or more Interim Reports and the deadlines for compliance as part of the Corrective Action Plan.

Upon receipt of the 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 AR/CAP with this added information in public view, 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.

An accreditation certificate and a public notice for complaints are also sent to the facility identifying the name and address of the accredited facility. These must be posted in a public location at the facility for the term of the accreditation. (See Section XIX, “Posting of Accreditation Certificate.”)

The state Medical Board or the appropriate regulatory agency is notified of all accreditation decisions made by IMQ. Note: Not all state require IMQ notify the state Medical Board of the accreditation decision.
XIII. DEFERRED DECISION

The ACRC may exercise its discretion to defer an accreditation or reaccreditation decision when
(1) a facility demonstrates non-compliance with some Accreditation Standards for Ambulatory
Facilities, (2) the nature of the non-compliance causes heightened concern, but there are no areas of
non-compliance that appear to endanger patient safety, and (3) the ACRC believes the facility can
become compliant within a reasonable deferral period specified by the ACRC. IMQ will require a
resurvey of the facility, depending upon the facts showing noncompliance and the nature of the
actions required of the facility to show compliance. A re-survey fee will be charged. The
committee will reconsider and make a decision. Typically, deferrals are only for very short periods
of time in order to allow the facility to implement immediate corrections. It is possible that a
facility’s accreditation may expire during the deferral period, during which time the facility no
longer meets the accreditation requirement for its sites. It is unprofessional conduct for any
physician and surgeon in the outpatient setting to practice in a facility that requires accreditation
after expiration of the accreditation period.

XIV. REACREDITATION SURVEYS

The accredited facility is responsible for maintaining the current accreditation. Should
accreditation lapse, the facility no longer meets the accreditation requirement for its sites. It is
unprofessional conduct for any physician and surgeon in the outpatient setting to practice in a
facility that requires accreditation after expiration of the accreditation period.

IMQ allows no extensions of accreditation past the expiration date on the accreditation certificate.
IMQ requires sufficient time for scheduling and performance of the survey, review of accreditation
information, and compilation of the surveyors’ reports, as well as time for ACRC review and
approval prior to the expiration of accreditation. It is vital, therefore, for facilities to be vigilant
about accreditation expiration dates and reaccreditation procedures in order to avoid disruptions in
activities at their facilities. If there is a lapse in a facility’s accreditation, any accreditation renewal
is effective on the date of IMQ approval of the renewal (if after the expiration date) and is not
retroactive.

A. Reaccreditation for New Facilities After Six-Month Initial Readiness Review

IMQ will re-survey the facility four months after the Initial Readiness Review (IRR) required of
new facilities, for eligibility for one- or three-year accreditation. IMQ will send a survey notice
and application packet ninety (90) calendar days prior to expiration of the accreditation granted
after the IRR. An updated application is required, but there is no application fee. Generally no
additional documentation is requested for a six month re-survey after IRR, unless IMQ
recommended modifications to a facility’s operations in the initial survey report. The goal of the
B. Reaccreditation Surveys after One or Three Years

One hundred and eighty (180) calendar days prior to expiration of a one or three-year accreditation, facilities will be required to complete an application for re-accreditation. Timely submission of this application is necessary to avoid a lapse in accreditation.

IMQ may schedule the re-survey up to seventy-five (75) calendar days prior to the facility’s accreditation expiration date. Renewed accreditation is effective immediately after the expiration date of the prior accreditation period as long as there has been no lapse in accreditation. If there is a lapse in accreditation, any accreditation renewal is effective on the date of IMQ approval of the renewal and is not retroactive.

XV. INTERIM REPORT REQUIREMENTS

On grant of initial accreditation or upon reaccreditation, the ACRC may require a facility to submit one or more written “interim” reports by a specified date during the accreditation period. Interim reports may be called for when significant changes are occurring or have taken place at a facility, when an area of concern regarding standards compliance has been noted by the ACRC, or when a specific IMQ recommendation for improvement has not been addressed by a facility. More than one report may be required, sometimes with differing dates for completion. IMQ will notify the facility at the time of accreditation of any interim report(s) requirement, the date such report(s) is required, and the nature of any corrective action plan that may be required to address the issue requiring the report(s). The interim report is reviewed by the survey team and a recommendation made to the ACRC, which in turn makes a determination. Depending on the nature of the concerns and the information contained in the interim report(s), the ACRC may require an on-site survey at the facility’s expense to validate that the concerns requiring a report have been resolved. It is the facility’s responsibility to submit the interim report(s) in a timely manner. IMQ may deny or revoke accreditation upon review of an unsatisfactory interim report, or upon the failure of the facility to submit a report in a timely manner.

XVI. RECONSIDERATION OF ACRC DECISION ON ACCREDITATION

An organization has the right to request that the ACRC reconsider a denial, suspension or revocation of accreditation. Reconsideration fees apply and must be paid prior to the ACRC’s meeting. IMQ will invoice the facility for payment. A request for ACRC reconsideration should reference the decision made by the ACRC and outline the facility’s objections specifically and in
detail, to include any evidence that may show that facts and conclusions relied upon by the ACRC in its decision were incorrect. The decisions of the ACRC are based solely on facts and findings about the facility that were obtained up to and including the date of survey only. Remedial and/or corrective steps taken by a suspended or revoked facility after the survey date are not relevant to reverse an ACRC determination and will not be considered. Therefore, any request for reconsideration of a suspension or revocation of accreditation must be based on the status of the facility on and before the date of the survey upon which the ACRC decision was based. A request for reconsideration must be submitted in writing to the Chair of the Ambulatory Care Review Committee within ten (10) calendar days of the date of the Accreditation Letter informing of the ACRC’s accreditation decision.

Any request for reconsideration will be considered by the ACRC at its next regularly scheduled meeting. The ACRC, at its discretion, may request an additional site survey, often a survey limited in scope as appropriate, or make a decision based on the materials submitted to it with the request for reconsideration. Should an onsite resurvey be necessary, further reconsideration by the ACRC will be tabled pending the results of the survey. IMQ will inform the facility of the need for the resurvey. The facility is responsible for all costs and fees necessary for the re-survey. After the re-survey, the results will be provided to the ACRC at its next regularly scheduled meeting. Once the ACRC has taken action, the facility will be informed in writing of the outcome of the request for reconsideration. A facility’s request that the ACRC reconsider its decision does not serve to postpone the application of the decision to the facility’s accreditation status nor extend any expiration date for accredited status.

XVII. APPEAL OF ACRC DECISION

If the ACRC affirms its decision to revoke or suspend accreditation after reconsideration, the facility has the right to appeal to IMQ’s Board of Directors. If a facility fails to request a hearing within thirty (30) calendar days of the ACRC decision after reconsideration, the decision becomes final.

A. Appeal Rights Apply Only To A Determination of Suspension or Revocation

A facility does not have the right to appeal a “not ready” determination after IRR, a denial of accreditation when the facility was not already accredited by IMQ, a determination of probation, or any other determination that is not a suspension or revocation. In the case of a “not ready” determination after IRR, IMQ will inform the facility of further requirements that must be completed in order to qualify for a “ready” determination. Similarly, in the case of a denial of a facility not already accredited with IMQ, the facility may reapply at any time once it has taken the necessary steps to show ongoing compliance with IMQ accreditation standards.
B. Appeal Process

To appeal a suspension or revocation after the ACRC has rendered its decision on reconsideration (see Section XVI, “Reconsideration of an ACRC Decision on Accreditation”), the facility must submit in writing a request for appeal within thirty (30) calendar days of the date of the notice of the ACRC decision on reconsideration being appealed. The request must include supporting documentation explaining the basis for the appeal. A suspension or revocation of an accreditation certificate remains effective during an appeal.

The Chair of the Board will request the ACRC to submit a response to the appeal, to include a copy of the written decision of suspension or revocation and written decision after reconsideration, and any other pertinent documentation and information related to the survey, the facility’s accreditation history with IMQ, and the facility in general.

The Chairperson will designate a three-person Appellate Review Committee (ARC) to hear the appeal and make a decision based upon all information utilized and provided to it by the ACRC and any additional material provided by the facility that is relevant to the status and operations of the facility on the day of the survey. Materials reflecting activities of the facility and or its sites after the day of survey are not relevant to the appeal. The ARC will be comprised of one member of the Ambulatory Care Review Committee, serving solely as a consultant and with no voting rights on the ARC, and three members of IMQ’s Board of Directors, who shall be voting members of the ARC. Voting members appointed to the Appellate Review Committee must be free of conflict of interest with the facility filing the appeal. The Chair of IMQ’s Board shall appoint a neutral hearing officer to preside over the hearing. The appeal hearing will be held at IMQ’s Offices in San Francisco. Panel members may be convened by telephonic means. Each party may voir dire the hearing panel members that are permitted to vote in the matter, as well as the hearing officer, for potential conflicts.

The hearing ordinarily will be held within 60 days following the receipt of a written request. By 20 days before the hearing, the facility will be provided notice of the time and place of the hearing. The facility may be represented by counsel, make oral presentations, offer testimony, and interview any available surveyor(s) who participated in the survey. The facility must notify IMQ within 30 days of the hearing that it wishes to interview the surveyor(s). Surveyors may participate in the hearing by telephonic or videoconference means, if available.

Within thirty (30) calendar days of the conclusion of the hearing, the Appellate Review Committee will meet as needed and will submit a written decision. The Appellate Review Committee may request an extension of time if necessary from the Chair of IMQ’s Board. Decisions of the Appellate Review Committee are designated by the Board of Directors as final.
The Chair of the Board will communicate the final decision to the facility.

Neither an appeal nor a decision reversing an ACRC decision alters the expiration date of accreditation period.

C. Costs of Appeal

Accreditation and survey fees paid to IMQ by a facility do not cover the costs incurred by IMQ in the event of a facility’s appeal of a suspension or revocation. Due to the costs incurred by IMQ in an appeal, the facility is required to pay fees established by IMQ for any appeal. Any request for an appeal must be accompanied by payment of $10,000, the estimated cost to IMQ for a one-day hearing, exclusive of IMQ’s own costs for legal representation. If a facility submits a written request for appeal that does not include the first-day appeal hearing fee, the facility will be deemed to have waived its right to an appeal.

The hearing fee is to cover costs of a one-day hearing and includes payment for lodging and travel expenses, if any, and per diem for hearing panel members; all fees charged by the neutral hearing officer, including fees for conducting the hearing, and for pre-hearing preparation and post-hearing activities in preparation of a written decision; and any other costs such as costs of document reproduction, recording of the proceedings, and telephonic or videoconferencing expenses. If hearing costs exceed $10,000, e.g., if the hearing exceeds one day in length, the facility is required to pay the reasonably estimated costs for any further hearing days before proceeding with the hearing.

All other costs related to each party’s (i.e., IMQ’s and the facility’s) participation in the appeal process, including legal representation, expert or other witnesses, or other expenses not covered above, are the responsibility of each party individually.

D. No Appeal Rights If Facility Also Applies For Accreditation Survey

If, at any time during the appeal process the facility applies for a new accreditation survey, all appeal rights shall be terminated and any ongoing appeal to IMQ’s Board of Directors shall cease.

XVIII. CONFIDENTIALITY OF ACCREDITATION DECISION

IMQ will release to the public the fact that an organization is accredited, the date it was accredited, and the date (if scheduled) for its next regular accreditation resurvey. IMQ will not disclose specific findings of any survey. The state Medical Board or appropriate regulatory agency is notified of all accreditation decisions made by IMQ including survey findings, if appropriate. Note: Not all state require IMQ notify the state Medical Board or other regulatory agencies.
IMQ reports to the state Medical Board or other regulatory agencies, on a monthly basis, the list of all accredited facilities and the length of the accreditation period. The Medical Board may request, and IMQ will disclose, any and all information IMQ has in its possession regarding the facility, including all survey data and conclusions.

The facility must release IMQ’s survey report findings it receives upon grant of accreditation whenever required by law or regulations. It is at the facility’s discretion whether to release the survey report to any other persons or entities.

If, during the survey, circumstances are observed by the surveyor that may jeopardize the safety of patients or other persons, the facility manager will be notified immediately, as will the appropriate state or local government agencies such as the state Medical Board, the state Department of Health Services, or the local city or county health authorities.

**XIX. POSTING ACCREDITATION CERTIFICATE**

IMQ’s certificate of accreditation and the term of the accreditation and IMQ’s Complaint Information Form are to be posted in a location at each accredited facility readily visible to patients and staff, e.g., in the patient waiting room.

**XX. RESPONSIBILITY TO NOTIFY IMQ OF MATERIAL CHANGES**

All facilities accredited by IMQ are responsible for maintaining compliance with IMQ accreditation standards for the full duration of the accreditation term. Facilities are required to give immediate notice to IMQ of any change in ownership or control (accreditation is not transferable); name or location; any other change in facility structure, professional staff, facility size, capacity, scope of services offered; or the filing of Accusation or action taken by the state Medical Board or other regulatory agencies against a facility physician or against any other health care personnel by a state licensing or certification agency. Major changes may require an additional interim report or a re-survey at the facility’s expense to maintain accreditation.

Accredited organizations are required to notify IMQ within twenty-four hours of the occurrence of a death of a patient or a transfer to a hospital for emergency care that exceeds twenty-four hours. In addition, accredited facilities may be required to notify their state Medical Board or other regulatory agencies of the occurrence of a death, or of a transfer to a hospital for emergency care that exceeds twenty-four hours. These notices to the state agencies are required within fifteen (15) calendar days of the occurrence of the event.