

Accreditation Hot Topics 2004

Beverly K. Philip, MD
Professor of Anaesthesia
Harvard Medical School
Director, Day Surgery Unit
Brigham and Women's Hospital
Boston, USA

In the USA, three national organizations are largely responsible for accrediting ambulatory surgery facilities. These are the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Accreditation Association for Ambulatory Health Care (AAAHC), and the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF). These organizations have been granted deemed status for Medicare certification, enabling facilities to be certified for Medicare reimbursement without a separate evaluation. Accreditation is a fact of life for many facilities' financial survival.

Accreditation Hot Topics:

- Sedation and Anesthesia Care
- Credentialing and Privileging

I. Sedation and Anesthesia Care

When do Standards Apply? – Based on ASA definitions “ Continuum of Depth of

Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia”

<http://www.ASAhq.org/publicationsAndServices/sgstoc.htm>

Defines four levels of sedation and anesthesia using criteria of:

- Responsiveness
- Airway
- Spontaneous ventilation
- Cardiovascular function

Levels of Sedation and Anesthesia:

1. Minimal sedation (anxiolysis)

A drug-induced state during which patients respond normally to verbal commands.

Although cognitive function and coordination may be impaired,

Ventilatory and cardiovascular functions are unaffected.

--Not “Anesthesia” for purpose of the Standards

2. Moderate sedation/analgesia ("conscious sedation")

- A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation.

Note: Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

- No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate.
- Cardiovascular function is usually maintained.

3. Deep sedation/analgesia

- A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation.
- The ability to independently maintain ventilatory function maybe impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate.
- Cardiovascular function is usually maintained.

4. Anesthesia

- General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation.
- The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function.
- Cardiovascular function may be impaired.

JCAHO Accreditation Standards:

Introduction, Sedation and Anesthesia Care (TX.2)

“The standards for sedation and anesthesia care apply when patients receive, in any setting, for any purpose, by any route, moderate or deep sedation as well as general, spinal, or other major regional anesthesia.

AAAHC: Anesthesia Services

“The provisions of this chapter apply to all care involving administration of sedation and anesthesia in all ambulatory settings, including office based settings. The following definitions are used in determining application of this chapter or sections thereof depending on the level of anesthesia and sedation administered by an organization:”

Three Levels of Standards Applicability:

1- “Local or topical anesthesia is the application of local anesthetic agents, in appropriate doses adjusted for weight.”; or

“Minimal sedation (anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. Inhaled nitrous oxide in low concentrations that would not reasonably be expected to result in loss of the patient’s life-preserving protective reflexes would be considered minimal sedation.”

2- Moderate sedation/analgesia or Regional anesthesia (major nerve block).

3- Deep sedation/analgesia or General anesthesia.

ASA “Continuum of Depth of Sedation”

“Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended.

“Individuals administering Moderate Sedation/Analgesia ("Conscious Sedation") should be able to rescue patients who enter a state of Deep Sedation/Analgesia, while those administering Deep Sedation/Analgesia should be able to rescue patients who enter a state of general anesthesia.

JCAHO “Ability to Rescue”

TX.2 Moderate or deep sedation and anesthesia

..Individuals administering moderate or deep sedation and anesthesia are qualified and have the appropriate credentials to manage patients at whatever level of sedation or anesthesia is achieved, either intentionally or unintentionally.

..Competency-based education, training and experience ... to include methods and techniques required to **rescue** those patients who unintentionally slip into a deeper-than-desired level of sedation or analgesia.

AAAHHC: Ability to ‘Support’

“...should be able to **support** the respiratory and cardiovascular system of patients who enter a state of {deep sedation/analgesia} {general anesthesia}.”

II. Credentialing and Privileging

AAAHHC Chapter 2 – Governance

Credentialing is a three-phase process of assessing and validating the qualifications of an individual to provide services. The objective of credentialing is to establish that the applicant has the specialized professional background that he or she claims and that the position requires.

An accreditable organization:

- 1) establishes minimum training, experience, and other requirements (i.e. credentials) for physicians and other health care professionals;
- 2) establishes a process to review, assess and validate an individual's qualifications
- 3) carries out the review, assessment, and validation

A. The governing body

-establishes and responsible for a process

-applies uniform criteria to appoint individuals to provide patient care for the organization.

- approves mechanisms for credentialing and recredentialing, and suspending or terminating, and appealing of such decisions.

AAAHHC– Governance: Credentialing “Characteristics of Process”

B. Characteristics of this governance process :

1. Specific criteria
2. Expeditious processing of applications
3. Sufficient evidence of training, experience, and current documented competence:

- education, training and experience
 - peer evaluation
 - current state license
 - DEA registration
 - medical liability coverage
 - National Practitioner Data Bank query
- Signed statement releasing organization from liability
4. Credentials are verified
 5. Reappointment at least every 3 yrs, unless state law otherwise
 6. Monitors current licensure, professional liability insurance, certifications, DEA/other registrations, on an ongoing basis.
 7. Credentials files kept for each health care professional.

AAAHC Credentialing Process for Solo Practice

8. In a solo physician practice,
 - the physician's credentials file shall be reviewed by a peer at least every three years.
 - physician must complete an application/ reapplicatn
 - documentation must be present in the credential file, including
 - list of procedures that will be performed
 - evidence of appropriate education, training and experience to perform the privileges/procedures.
 - applications are available for other physicians requesting privileges to perform procedures in the solo physician's organization, including any anesthesia providers.
 - the granting of privileges shall be reviewed by a peer.

AAAHC Governance - Privileging

Privileging is a three-phase process. The objective of privileging is to determine the specific procedures and treatments that a health care professional may perform.

AAAHC How to Privilege

An accreditable organization:

- Determines the clinical procedures and treatments that are offered to patients,
- Determines the training and experience qualifications that are required to authorize an applicant to obtain each privilege, and
- Establishes a process for evaluating applicant's qualifications using appropriate criteria and approving, modifying or denying any or all of the requested privileges in a non-arbitrary manner.

AAAHC Privileging : Process Characteristics

- C. Privileges are granted for specified procedures, for a specified period of time.
 - mechanisms are in place
 - to notify licensing/disciplinary bodies/ other appropriate authorities
 - when a health care professional's privileges are suspended or terminated.

AAAHC Privileging Process

- D. The organization has its own independent process of credentialing and privileging.
- requires review and approval by the organization's governing body.
 - may not be approved solely on the basis that another organization, such as a hospital, approved credentials or granted privileges, without further review.

AAAHC Allied Health Professionals

- E. The governing body provides a process
- for the initial appointment and reappointment, and
 - assignment or curtailment of privileges and practice
 - for allied health care professionals.

JCAHO 2004

Shared Visions - New Pathways Initiative
Credentialing and Granting of Privileges
{Chapter: Management of Human Resources}

JCAHO Credentialing and Granting of Privileges : Introduction

Appropriate leaders of the organization formally approve the process for appointment and reappointment.

Sufficiently detailed to permit tracking of the steps involved .

Credentialing criteria

- specify requirements for practitioner membership
- to help establish an applicant's background and current competence.

JCAHO Credentialing and Granting of Privileges

- The core credentialing criteria are:
 - Current licensure
 - Relevant education, training, or experience
 - Current competence
 - Ability to perform requested privileges
- Each organization develops its own criteria.
- Criteria for privileges include procedure outcomes and other performance improvement activities.
- May add other reasonable criteria: professional liability insurance, CME.

JCAHO Credentialing and Granting of Privileges for Licensed Independent Practitioners (LIPs)

HR4.10 There is a process for ensuring competence of all practitioners permitted by law and organization to practice independently *"credentialing"*

Elements of Performance for HR.4.10

- a defined process approved by the leaders for appointing and reappointing LIPs.
- The following occur at granting of clinical privileges:
 - Current licensure verified with the primary source
 - Relevant training and experience - from 1^o source
 - Current competence from a knowledgeable source
 - Applicant's ability to perform requested privileges
- restriction of privileges at other health care orgs
- NPDB is queried
- leaders review and decide whether to appoint LIP
- LIP is notified in writing of the leaders' decision.
- credentialing criteria are uniformly applied.
- individuals who do not possess a license, registration, or certification do not provide health care services

JCAHO Credentialing and Granting of Privileges for LIPs

HR.4.20 LIPs are granted clinical *privileges*.

Elements of Performance for HR.4.20

- criteria are specified in writing and uniformly applied to all.
- privileges based on the LIP's current credentials and competency, as well as the population(s) served and types of care provided.
- individuals with clinical privileges practice within the scope of their privileges.

JCAHO Credentialing and Granting of Privileges for LIPs

HR.4.30 The organization has a process for granting temporary clinical privileges, when appropriate.

- to meet the important needs of patients for a limited period
- for new applicants for a period not to exceed 120 days:
 - telephone verification of core criteria
 - NPDB.

JCAHO Credentialing and Granting of Privileges for LIPs

HR.4.40 There are mechanisms, including a fair hearing and appeal process, for addressing adverse decisions

- regarding reappointment denial (re-credentialing) , reduction, suspension, or revocation of clinical privileges
- may relate to quality of care, treatment, and services issues.

JCAHO Credentialing and Granting of Privileges for LIPs

HR.4.50 Clinical privileges & appointments/ re-appointment are reviewed and revised at least every two years.

- A reappraisal is conducted at the time
 - addresses current competency
 - adherence to organization policies
 - organization performance improvement activities
 - peer review of individual's clinical performance

- core criteria; NPDB

Accreditation Hot Topics 2004 :

- Sedation and Anesthesia
 - a continuum, with outcome based care
- Credentialing
 - documentation of qualifications:
 - education, licensure, competence
- Privileging
 - specific procedures that a health care professional may perform