

Media Contact
Abbie PeGan
312-558-1770 ext. 153
apegan@pcipr.com

FOR IMMEDIATE RELEASE

AAAHC Offers Accreditation Tips for New York Office-Based Surgery Facilities
Law Requires Facilities to Be Accredited by July 14

Skokie, Ill. [Feb. 9, 2009] — In little more than five months, all office-based surgery facilities in the State of New York must be accredited to maintain their practice, yet many facilities have yet to begin the process, which can take up to six months or more to complete, according to officials at the Accreditation Association for Ambulatory Health Care (Accreditation Association/AAAHC), one of the designated accrediting bodies for office-based surgery practices in the State of New York.

“We encourage office-based surgery facilities to apply for accreditation as soon as possible, if they haven’t already done so,” said John Burke, Ph. D., AAAHC Executive Director and CEO. “By not pursuing accreditation, New York facilities are putting themselves at risk for receiving fines, facing other penalties or even losing their medical licenses.”

AAAHC offers the following questions to consider when choosing an accrediting organization:

- Can the accreditation process be tailored to the needs of your individual organization?
- Do the accreditation standards focus on the “big picture” of quality patient care?
- Does accreditation assure that your organization meets all local, state and federal requirements?
- Are the accreditation standards and explanatory materials easy to understand?
- Is the survey performed on-site by peers with special expertise in office-based or other ambulatory surgery settings similar to yours?
- Does the survey process have a built-in education component that encourages self-improvement and shares best practices?

“Accreditation allows an organization to be nationally recognized for quality care and service,” Dr. Burke said. “New York is the most recent state to mandate accreditation, highlighting the importance of quality standards for patient care in office-based surgery settings.”

In July 2007, the State of New York passed the New York State Public Health Law Sec. 230-d) mandating that all office-based surgery practices* obtain and maintain full accredited status with a nationally recognized accrediting agency, as determined by the New York State Commissioner of Health. After July 14, 2009, surgery in a non-accredited office-based practice will be prohibited, and will constitute professional misconduct by the physician. In addition, as of Jan. 14, 2008, the law requires that all “adverse events” occurring in these offices must be reported to the state Department of Health.*

More information on AAAHC and accreditation for New York office-based surgery facilities can be found at www.aaahcnewyork.org.

The Accreditation Association for Ambulatory Health Care (AAAHC/Accreditation Association), founded in 1979, is the leader in ambulatory health care accreditation with more than 4,000 organizations accredited nationwide. The AAAHC accredits a variety of ambulatory health care organizations, including ambulatory surgery centers, office-based surgery centers, endoscopy centers, college student health centers, military health care clinics, and large medical and dental practices. The Accreditation Association serves as an advocate for the provision of high-quality health care through the development of nationally recognized standards and through its survey and accreditation programs. AAAHC accreditation is recognized as a symbol of quality by third-party payers, medical organizations, liability insurance companies, state and federal agencies and the public.

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***Definitions of terms used in New York State Public Health Law Sec. 230-d:**

Office-based surgery - a surgical or invasive procedure requiring general anesthesia, moderate or deep sedation, and certain liposuction procedures performed in a location other than a hospital. It excludes minor procedures, including those requiring “minimal sedation” and procedures with local or topical anesthesia. The law applies to physicians and physician assistants. Dentists and podiatrists are not subject to the law.

Minor procedures - (i) procedures that can be performed safely with a minimum of discomfort where the likelihood of complications requiring hospitalization is minimal; (ii) procedures performed with local or topical anesthesia; or (iii) liposuction with removal of less than 500 cc of fat under unsupplemented local anesthesia.

Minimal sedation - a drug-induced state during which (i) patients respond normally to verbal commands; (ii) cognitive function and coordination may be impaired; and (iii) ventilatory and cardiovascular functions are unaffected.

Adverse events - (i) patient death within 30 days; (ii) unplanned transfer to a hospital; (iii) unscheduled hospital admission within 72 hours of the office-based surgery, for longer than 24 hours; or (iv) any other serious or life-threatening event. Adverse events must be reported to the Department of Health's Patient Safety Center (PSC) within one business day of the occurrence.