



American Accreditation Commission International

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Beyond the Badge: What AACI Accreditation Really Means for Your Healthcare Facility



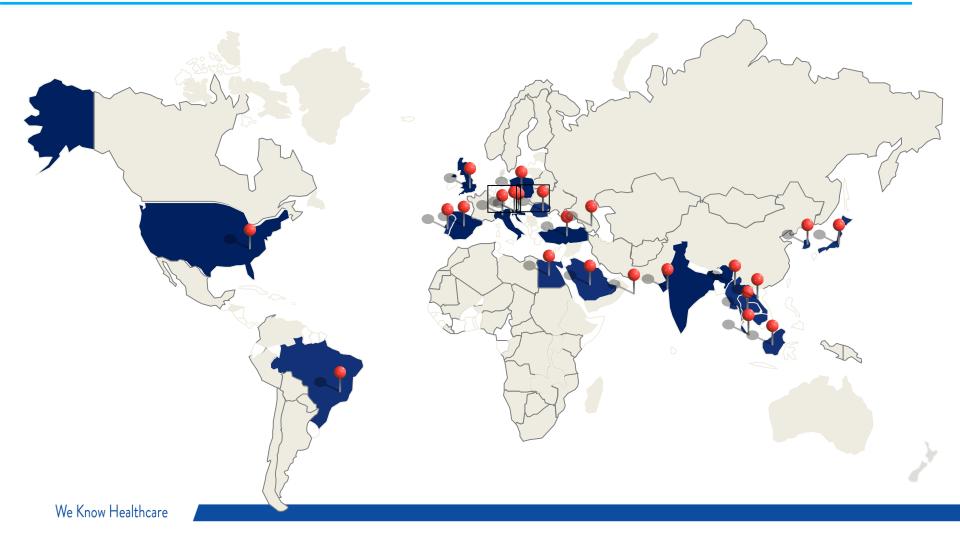


American Accreditation Commission International (AACI) is one of the world's most experienced organization in the provision of healthcare accreditation, certification services.

Our home is in Hendersonville, North Carolina

International Presence





Our Mission and Vision



Ruling Risks, Saving Lives.

Mitigation of human error in healthcare.

What Sets AACI Apart?



AACI accreditation goes beyond just a badge on the wall. It's about ensuring <u>quality</u> <u>management and risk management</u> principles deeply integrated into the standards.

AACI standards are based on quality management principles and risk management.



- Quality management is based on three pillars: The Process
 Approach, Critical Control Points for these processes, and as
 a result of this approach, Patient Satisfaction and fewer
 medical errors and adverse events.
- The fundamental principles that form the basis of the standard and accreditation process are: measure, monitor, analyze, and improve.
- Surveyors consider the importance of processes and their associated risks, ensuring meaningful improvements can be implemented.



•AACI is not just about finding nonconformities; we're focused on identifying excellence.

•This approach enables hospitals to maintain what is already good and improve areas that need enhancement.



- Identify survey team

AACI PATH TO ACCREDITATION

Here is how our Process to Accreditation Works:

1- PRE-ASSESSMENT ACTIVITIES

(Mandatory only for ISO 9001)

- Identify survey team
- Agenda with list of documents to be reviewed
- Survey
- Report (within 5 days)
- Completed report set to client (within 10 working days)

3- SURVEILLANCE ACTIVITES

Surveillance 1

- Identify survey team
- Plan/Agenda (min 2 weeks prior the Survey)
- Survey
- Report (Within 10 working days from last survey date)
- Customer corrective action plan (submission within 30 days from last report date)

Surveillance 2

- Plan/Agenda
- Survey
- Report (Within 10 working days from last survey date)
- Customer corrective action plan (submission within 30 days from last report date)

(START) PRE-APPLICATION ACTIVITES

PHASE

01

PHASE

03

UISH

- Submit application for accreditation
- Review of application and send quotation
 Sign contract

START

PHASE

02

PHASE

04

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- Plan/Agenda (min 2 weeks prior the Survey)

2- INIITIAL SURVEY PROCESS

- Survey and document review
- Report (Within 10 working days from last survey date)
- Customer corrective action plan (submission within 30 days from date of report)
- Approval for customer corrective action (within 30 days from date of submission of corrective action plan,
- should not exceed 6 months if needed to be extended after 30 d)

Accreditation Decision

- Accreditation Committee Review

Accreditation Award

- Certificate

4- RE-ACCREDITATION ACTIVITIES

Pre-application Activities

- Submit application for accreditation
- (3 months prior accreditation due date)
- Review of application and send quotation
- Sign contract

Survey Process

- Identify survey team
- Plan/Agenda (min 2 weeks the Survey)
- Survey
- Report (Within 10 working days from last survey date)
- Customer corrective action plan (submission within 30 days from last report date)
- Approval for customer corrective action plan

Re-accreditation Decision

- Accreditation Committee Review Reaccreditation Award



(Finish)

three (3) years.

The reaccreditation cycle is every

AACI Accreditation Standards



Module I (10 Chapters 49 Standards) Healthcare organisation Governance Standarde Module II (16 Chapters 74 Standards) **Patient Focused Care Standards** Module III (4 Chapters 19 Standards) **Ancillary Services**

Total 30 Chapters 142 Standar





•AACI America is the only accreditation body providing annual surveys.

•This ensures continuous monitoring and improvement, rather than waiting for a three-year cycle accreditation review.



Annual Surveys

- The special significance of the annual survey lies in monitoring progress, especially in processes vital for the hospital's operations and exclusive to AACI, such as:
- utilization review,
- opioid oversight,
- risk management,
- infection control and
- sterilization process.



Ask yourself:

"Who has a greater chance for a longer and higherquality life? Someone who goes for regular annual check-ups or someone who goes every three years?"



No additional staff required to implement AACI Standards	Annual visits – added accountability	Focus on sequence and interactions of processes
No survey findings "tipping" point	Leads to improvement of patient safety and reduction in hospital's internal cost of accreditation	Accreditation as a strategic business asset

Why choose AACI?





We have merged clinical requirements with some of the most recognized management standards in the world: ISO 9001, ISO 27001 and ISO 31000, SAI 8000.



Standards are adaptable and not meant to be rigidly prescriptive. No two hospitals are identical. Each hospital should demonstrate compliance with the standards in the manner it deems most effective.

How we can help?



FEA International Society for Quality in Health Care External Evaluation Association

Accredited Standards 2019-2023



TEEA International Society for Quality in Health Care External Evaluation Association

Accredited Surveyor Training Programme 2020-2024





Certification of Excellence (CEC)





We Know Healthcare



AACI Marks of excellence





John D.Bell, MD, President



