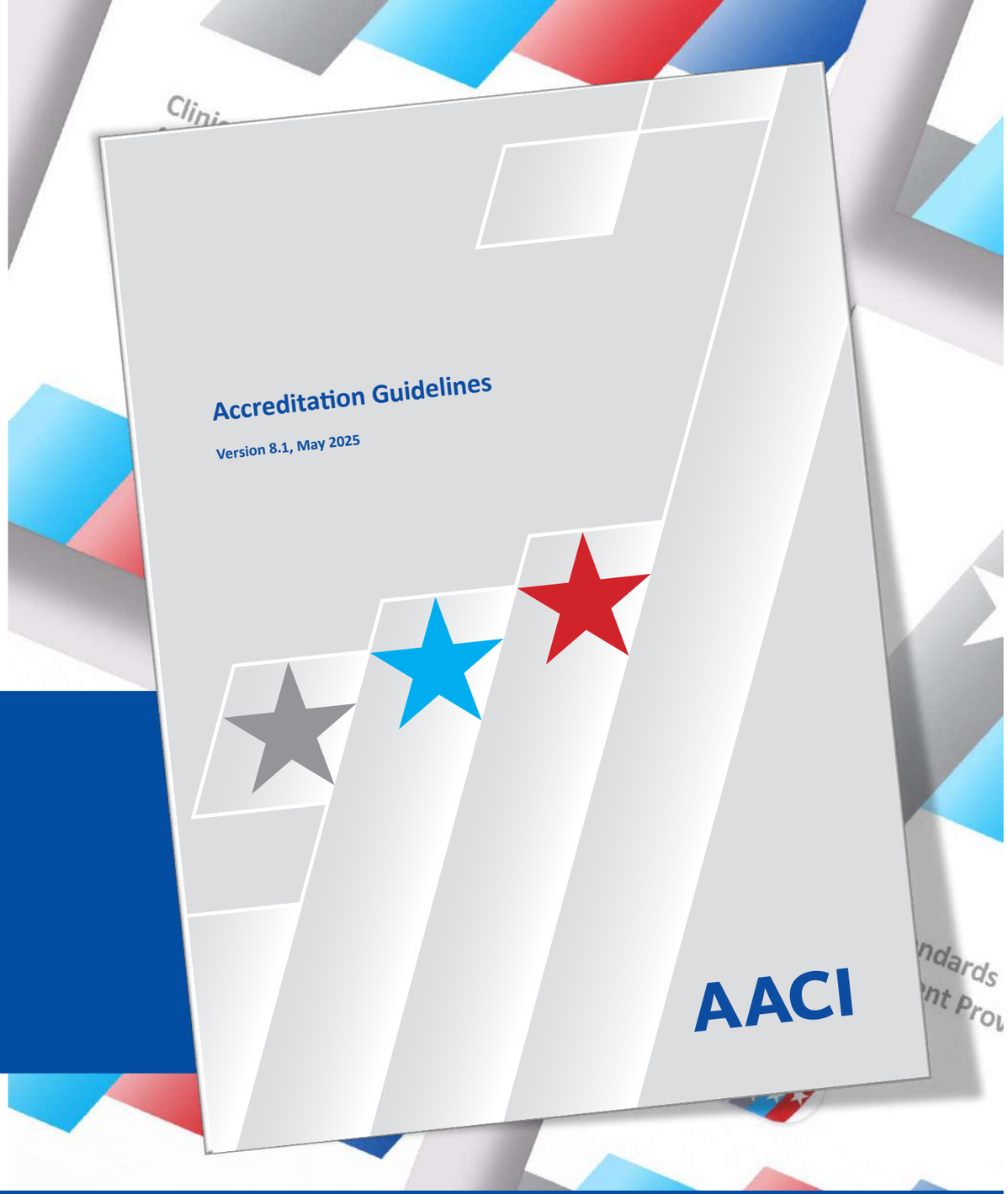
Accreditation Guidelines

for Healthcare Organizations Version 8.1

ISQuaEEA Accredited Organisation 2022-2026

ISQuaEEA Accredited Standards 2023-2027

ISQuaEEA Accredited Surveyor Training Programme 2024-2028



AACI Accreditation Standards

International Accreditation Philosophy:

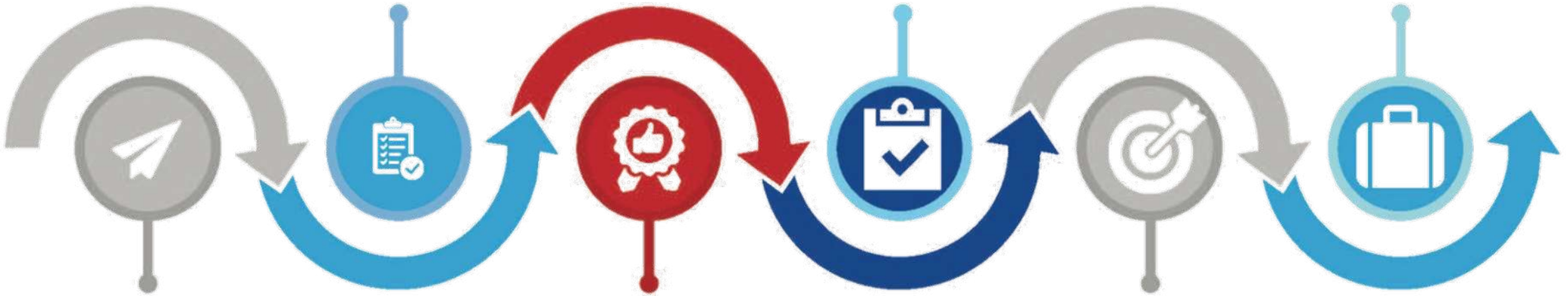
- Maximum achievable standards
- Patient-centered
- Culturally adaptable
- Process stimulates continuous improvement

AACI Path to Accreditation

Preassessment Activities
Agenda with list of documents
Survey
Written Report

Surveillance Activities
Annual Survey
Survey Report

Finish
The Accreditation Cycle
is every 3 years



Pre-application Activities
Submit application
Sign Contract

Initial Survey Process
Survey Agenda
Survey and Survey Report
Corrective Action Plan and Evidences
Accreditation Award and Certificate

Re-accreditation Activities
Submit Application
Survey and Survey Report
Corrective Action Plan and Evidences
Re-Accreditation Award and Certificate

AACI

Accreditation Process Scheme

ISO 9001:2015

AACI (Optional)

Close the NC's within timeframe

Critical 30 days*

Major 60 days*

Minor 360 days (next periodic Survey)

Critical 7 days*

Major & Minor Within 30 days after initial survey

AACI

AACI ROADMAP

	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Training & Plan	1. Standard Training 2. GAP analysis 3. Policy Workshop/assignment 4. Organization Planning					
Regular Follow Up		1. Policy Training & Communication 2. Implementation				
Monitoring			1. Performance Measures selection 2. Quality data collected & Analyzed 3. Compliance monitoring 4. Internal Audit* 5. Quality Meeting/Report/ Communication*			
Accreditation Preparation					Pre-assessment by AACI (Optional)	
						On-Site Survey

AACI

During the survey

- Opening Meeting by AACI Surveyor Team
- Document review
- Building visits
- Clinical record review
- Patient care review
- Staff and patient interviews
- Closing meeting

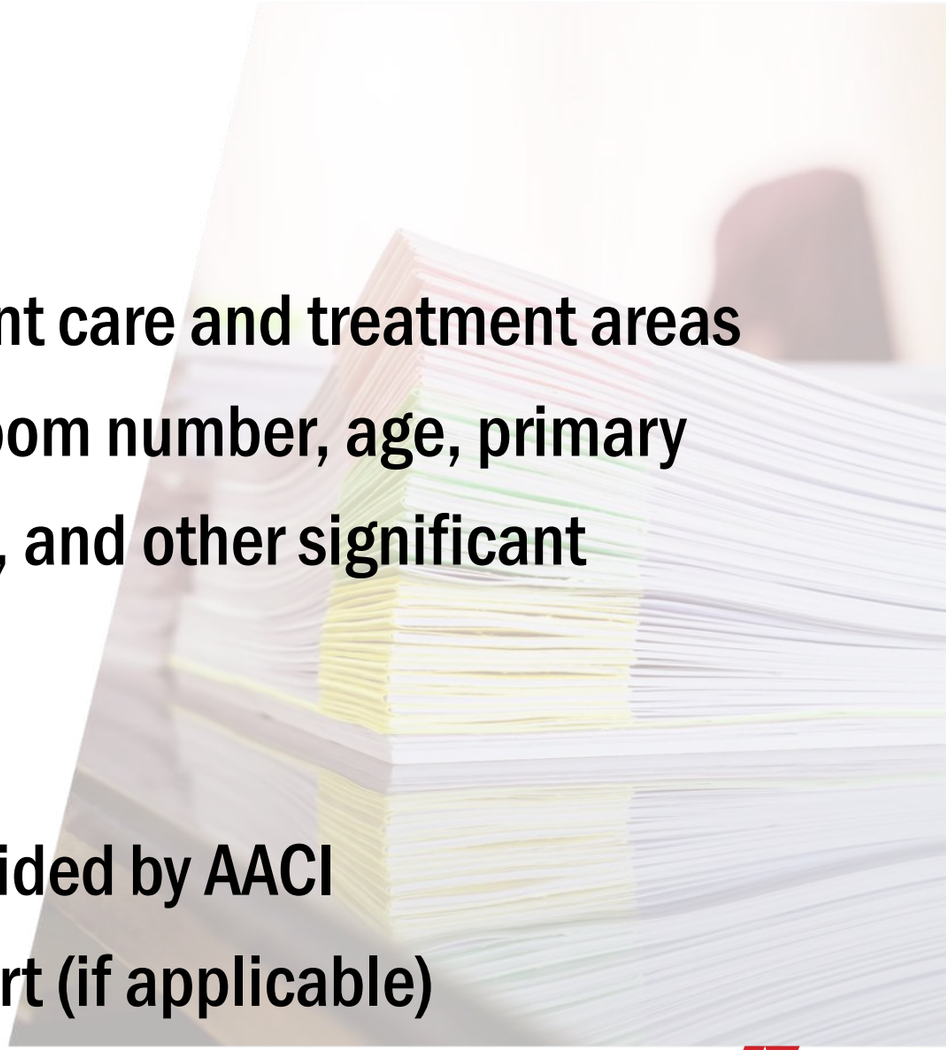
Document review

- General understanding of the operation of the accreditation system
- Evaluation of the design of the management system as well as the related processes and requirements
- Verification that internal surveys and management reviews have been conducted

AACI

Document list

1. Organizational chart
2. Organizational chart for nursing services
3. A map/floor plan, indicating locations for patient care and treatment areas
4. A list of current inpatients with each patient's room number, age, primary diagnosis, attending physician, admission date, and other significant information as it applies to that patient.
5. Current Surgical Schedule
6. Most recent ISO certification report unless provided by AACI
7. Most recent local healthcare accreditation report (if applicable)



AACI

Document list

- Minutes of the Quality Oversight/Management Review Committee – including Performance
- Improvement data for the previous 12 months
- Minutes from Environment of Care/Safety Committee
- Management plans for the physical environment and annual evaluations
- List of contracted services, companies and individuals- Surveyors will select a sample for review

Document list

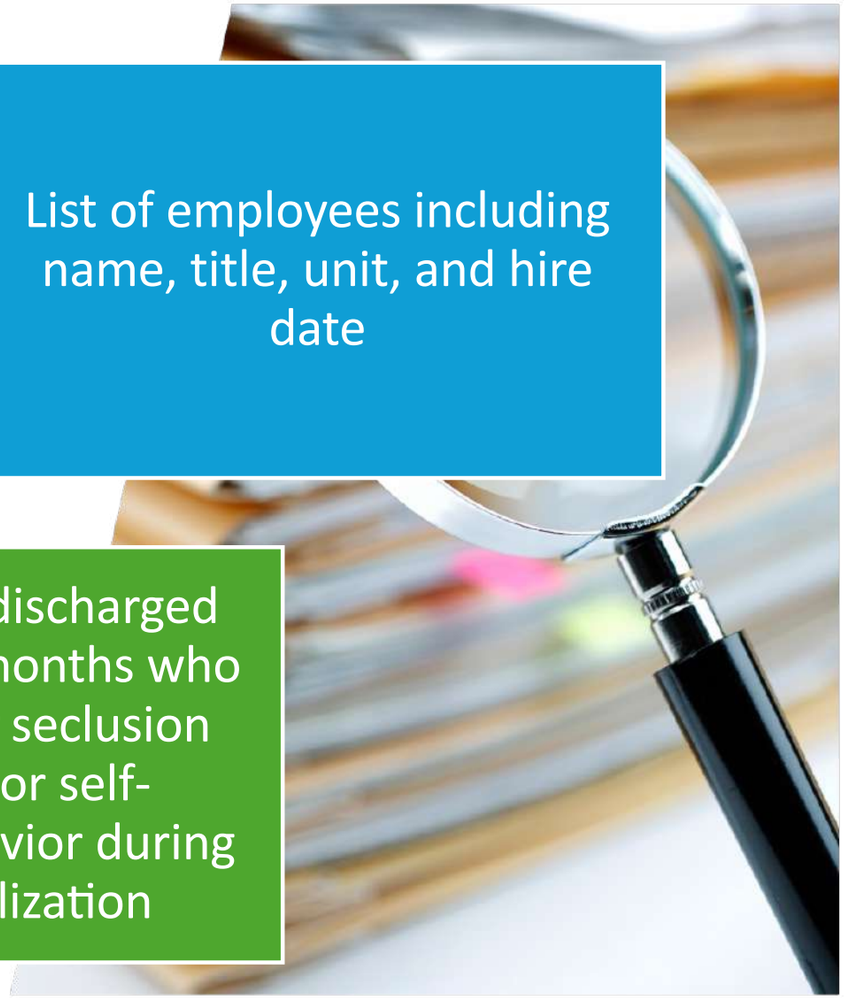
Nursing service plan of administrative authority/delineation of responsibilities for delivery of pt. care

Infection Control Plan with risk assessment/hazard vulnerability analysis

List of employees including name, title, unit, and hire date

List of current patients who have had restraint or seclusion used during hospitalization

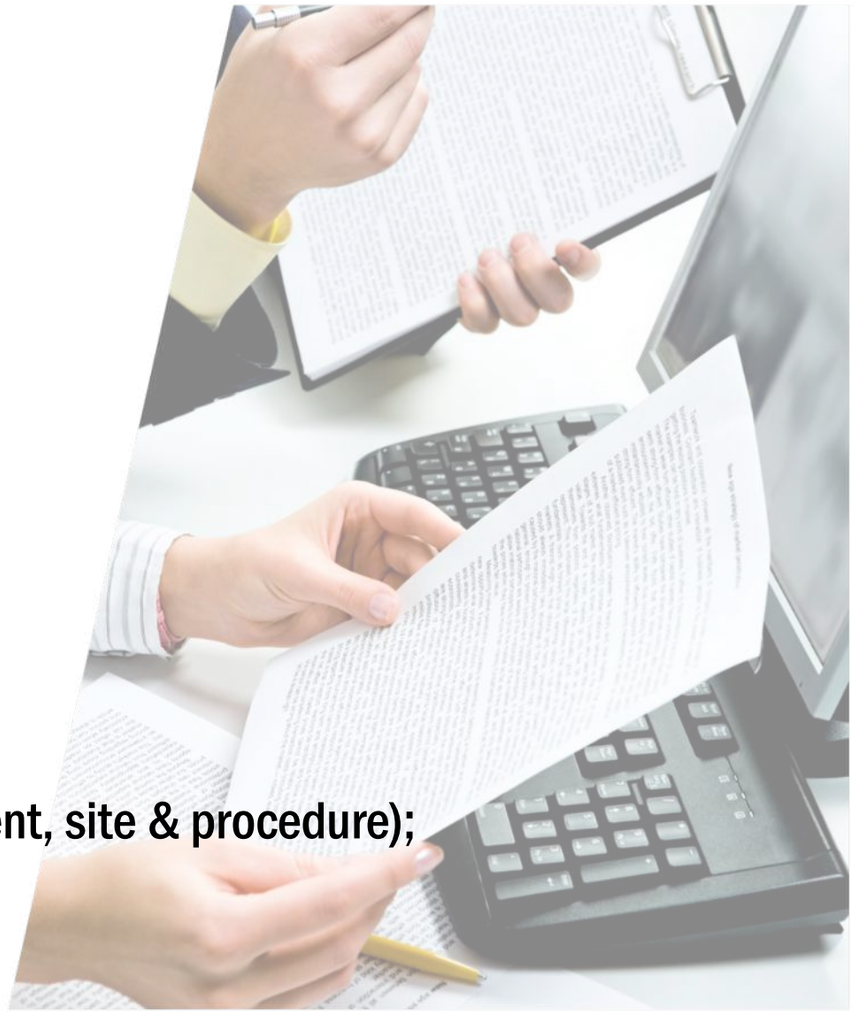
List of patients discharged with the past 6 months who had restraint or seclusion used violent or self-destructive behavior during their hospitalization



AACI

Document list - Policies & Procedures®

1. Autopsies;
2. Blood & Blood Product Administration;
3. History and Physical Examination;
4. Informed Consent;
5. Medication Security;
6. Moderate Sedation;
7. Patient Assessment (Nursing, respiratory, nutritional services, etc.);
8. Pain Management;
9. Patient Care Planning/Interdisciplinary Treatment Plan;
10. Patient Grievance;
11. Procedural Verification Process (Practices ensuring the correct patient, site & procedure);
12. Restraint or Seclusion;
13. Verbal/Telephone Orders



AACI

AACI management system

International Accreditation

Documentation List or Evidences and Topics for Survey

1. GENERAL

AACI will review and close all open nonconformances from the previous survey as a priority in this survey. Be prepared to provide evidence of a successful corrective action plan (CAP). Review of the 3 Modules in our standard will occur by interview of relative authorities and document support. The bulleted specifics in each Module are potential areas for review. AACI will concentrate on these areas. Please note that only parts of these standards may be reviewed, and that our surveyors will not go beyond the frame of the topics listed below.

MODULE I – Governance Standards	
STANDARD 1 Regulatory Compliance	• Law & Regulation related Standards (1.1) as Appendix A. • License & permits (1.2) • We may ask general questions
STANDARD 2 Leadership	• Most recent document Minutes of meeting of Governing Body (2.1) • Process map demonstrating the interactions of services within your healthcare facility (2.2.3) • Recognized standards and internationally or nationally accepted evidence-based protocols and guidelines (2.2.6) • Budget (2.5) • List of outsourced/contracted services and personnel (2.6)
STANDARD 3 Organizational Ethics	• Documented set of ethical principles or framework and code of conduct (3.1)
STANDARD 4 Quality Management System	• Document that demonstrates existence of control of critical processes as required in section 4.1.3., 4.1.4., and 4.1.5. • Quality Management procedures (4.2.1) • The most recent minutes of meeting Quality Committee (4.2.2) • Quality Policy, Mission, and Quality Objectives (4.3, 4.5) • Procedures for Control Documented information (4.4) • Documentation of at least three of the measures required in 4.6.4. a-aa • Internal survey report and scheduled calendar (4.6.5) • Management review report or any other document which demonstrates measurement of process control, improvement and promotion of customer satisfaction (4.7)
STANDARD 5 Utilization Review	• Documented process for utilization review (see 5.1.) • Most recent documented minutes of meeting from Utilization Committee (5.1) • Scope of service departments within your organization (5.3)

STANDARD 6 Patient Safety System	• Evidence of required annual monitoring, measurement, analysis, including correction or corrective action of the Patient safety goals (6.1. NOTE 1) • Traceability Information [as 6.2.7 a)-n)] • Patient safety committee minutes of meetings (6.3) • Documentation of the organization of an opioid oversight and use committee (6.3)
STANDARD 7 Staffing Management	• Documents defining the orientation process (7.5.) • Documents defining the requirements for staff evaluations (7.8.)
STANDARD 8 Medical Staff	• Documents defining monitoring and measuring of physician performance data (see 8.4.) • Be prepared to review required data of up to 5% of the credentialed physicians on your medical staff (8.6.) • Documentation of a policy determining when a consultation is required (8.10)
STANDARD 9 Nursing Services	• Show us documentation of the organizational authority within the nursing service to include delineation of responsibilities for delivery of patient care (9.1) • Be prepared to review required data of up to 5% of the credentialed nurses on your nursing staff (9.4.) • Show us your policy to provide a nursing plan of care for each patient within 24 hours of admission (9.5.1)
STANDARD 10 Risk Management	• Risk Assessment Plan (10.1) • Risk Reporting and Register (10.3)

MODULE II- Patient Focus Care	
STANDARD 11 Patient's Rights	• Show us document of your written notice of patient rights (11.1) • Show us a document and process for obtaining inform consent (11.2) • Show us four patient records with the complete inform consent (11.2) • Show us a document defining your process of patient grievance (11.3) • Be prepared to discuss and demonstrate your process/practice around language services (11.4) • Be prepared to discuss and demonstrate your process/practice around privacy, safety, abuse, patient property and confidentiality of patient records (11.5-11.10) • Show us a document and process for restraint and seclusion (11.11-11.13) • Show us a document of aggregate data analyzed in order to prevent prolonged restraint (11.14)
STANDARD 12 Planning, Admission and Discharge	• Show us a documented discharge planning process (12.3) • Show us how your healthcare organization reviews and evaluates this process for quality assurance (12.4)
STANDARD 13 Outpatient services	• Be prepared to discuss scope of Services and Quality Monitoring or Measures of Outpatient Services (13.1) • Be prepared to discuss your outpatient services and document the credentials of the person responsible for this services (13.2) • Evidence of communication between Outpatient Services with another departments (13.2)
STANDARD 14 Surgical Service	• Document the individual responsible for surgical services with his/her credentials and qualifications (14.1) • Document the scope of service and scope of practices provided by your healthcare organization (14.2) • Show us all credentialed surgeons and their list of procedure credentialed (14.2) • Show us your written policy and procedures for operating room (14.3.2) • Demonstrate that your operating rooms record as per required (14.4) • Demonstrate that your Post-surgical Anesthesia Care as per required (14.5)

	• Demonstrate that your operating report and document as per required (14.6)
STANDARD 15 Anesthesia Services	• Identify and provide the credentials for the director of anesthesia services (15.1) • Document the control for provision of conscious sedation within your healthcare organization (15.1.2) • Show us your most recent periodic review and evaluation of policies and procedures of the anesthesia service (15.3) • Show us four complete anesthesia records including pre-operative evaluation, provision of anesthesia service, post-operative evaluation, and PACU discharge (15.5)
STANDARD 16 Emergency Services	• Be prepared to discuss emergency services including the medical care delivered i.e. scope of service (16.1) • Identify and present the credentials of the individual who is the director of emergency services (16.1) • Be prepared to discuss and demonstrate your staffing plan (16.2) • Be prepared to discuss and demonstrate your process if emergency services are not provided (16.3) • Be prepared to discuss and demonstrate your process referring emergencies that occur in off-campus departments (16.4)
STANDARD 17 Obstetric Services	• Be prepared to discuss obstetric services (17.1) • Identify and present the credentials of the individual who is the director of obstetric services (17.1.3) • Show us your policy for decision related to caesarian section (17.1.2.b) iii) • Be prepared to discuss related to high risk pregnancy (17.1.2 b)
STANDARD 18 Radiological and Nuclear Medicine Services	• Be prepared to discuss the scope of radiologic services (18.1.2) • Show us your policy for labeling, use, transport, storage and disposal of radioactive materials (18.2) • Show us your policy for the use of badge dosimeters within your healthcare facility for the protection of patients and providers (18.2.5) • Show us a document where your department has identified and corrected faulty or otherwise improperly operating critical radiology equipment (18.3.4) • Be prepared to discuss your requirements for maintaining radiology records (18.6)
STANDARD 19 Psychiatric and Behavioral Services	• Be prepared to discuss the content of your medical records as required by 19.1.2. with emphasis on your documentation of co-morbidities identified for your psychiatric patient • Show us at least four patient records demonstrating that a plan of treatment has been established within 96 hours of admission (19.1.3 and 19.1.4)
STANDARD 20 Rehabilitation Services	• Be prepared to discuss your rehabilitation services (20.1) • Show us your document defining the necessary processes for your rehabilitation services (20.1.2) • Identify the director of rehabilitation services and provide their credentials (20.2) • Show us your rehabilitation treatment plan (20.3)
STANDARD 21 Pharmaceutical Services	• Be prepared to discuss your pharmaceutical provision of services throughout the healthcare facility (21.1) • Identify the director of pharmaceutical services and provide their credentials (21.1.5) • Identify your policy for the use of multi-dose vials (21.2.2) • Show us your policy for the requirements of a physician order for pharmaceuticals (21.4) • Show us your policy for administration medications in a timely manner (21.5.6) • Be prepared to discuss your provisions to maintain the requirements of 21.6. controlled and non-controlled medication security • Be prepared to discuss a recent effort to reduce medication errors in keeping with 21.7.
STANDARD 22	• Be prepared to discuss your present and on-going infection control plan (22.2.2) • Be prepared to discuss the changes in your plan as a result of the COVID-19 threat (22.2.3)

Infection prevention and Control	• Be prepared to discuss about surveillance data (22.2.7) • Be prepared to discuss about staff healthcare (22.2.8) • Be prepared to discuss your policy and procedure about infection control (22.2.9)
STANDARD 23 Medical Records	• Demonstrate your ongoing effort to assure that medical records are completed in a timely manner (23.3) • Be prepared to document the rate of compliance of the above requirement in your hospital
STANDARD 24 Laboratory Services	• Be prepared to discuss the scope of service of laboratory services (24.1) • Be prepared to discuss your process about process for reporting critical laboratory tests results (24.1) • Be prepared to discuss your process about process for Blood transfusion (24.3)
STANDARD 25 Pathology Services	• Be prepared to discuss the scope of service of pathology services (25.2.1) • Be prepared to discuss your rate of miscreant pathology reports and your evidence of efforts to minimize these. Be prepared to discuss one example of your process (25.2.4)
STANDARD 26 Organ, Tissue and Eye Procurement	• Be prepared to demonstrate a review of the requirements of Standard 25 by Top Management (26.1)

MODULE III- Physical Environment

STANDARD 27 Food and Dietary Services	• Demonstrate a collaborative review of food and dietetic services by the director or other appropriate individual in consultation with infection prevention and control authorities. (27.2.2.e)
STANDARD 28 Physical Environment	
28.1. Facilities	• Evidence that Risk Register contains physical environment risks. • Copy of physical environment annual plan / summary of completed works (28.1.1 – 28.1.2) • List, register, or index of physical environment policies and or procedures and evidence that this documentation has been reviewed as appropriate. (28.1.4)
28.2.1 Life Safety	• Show us evidence of annual report containing number of patient safety incidents and employee safety incidents (28.2.1.1) • 2 examples of periodic inspections of the facilities and grounds and evidence of action taken. (28.2.1.2) • Evidence of policies and procedures to ensure construction contractors are working safely on site (also see 22.2.9.a)
28.2.2. Fire safety	• Show us copy of fire actions plans, that should include improvements to both physical and managements arrangements. (28.2.2.2 – 28.2.2.3) • Show us examples of fire extinguisher checks, fire drills and evacuations completed across the buildings (28.2.2.4 – 28.2.2.5)
28.3. Security Management Process	• Show us evidence of training provided to staff for harassment and mobbing (28.3.2) • Evidence of people identification to include; a) Patients are identified by 2 identifiers b) Internal staff have visible ID badge c) External people identification policy (28.3.3)

28.4 Emergency Management Process	• Evidence that emergency power and lighting is in place, and copies of maintenance checks (28.4.4) • Show us example of a recent emergency management exercise, and action plan for improvement (28.4.6)
28.5 HAZMAT Process	• Copies of employee training for use of HAZMAT material (28.5.1) • Examples of HAZMAT assessments, Safety Data Sheets and PPE records for new products introduced (28.5.5 – 28.5.6) • Show us a copy of procedure for using for alcohol based hand rub dispensers in anesthetizing areas (28.5.8) • Risk assessment for waste storage and handling on site, including use safe use of waste compactor and segregation of clinical waste (28.5.10)
28.6 Medical Equipment Process	• Show us examples of critical equipment inspections being completed and any local maintenance inspections being completed (28.6.1). • Example of recorded evidence of staff being training on a new piece of medical equipment (28.6.1)
28.7 Utility System Process	• Show us evidence of a critical operating components analysis and a register for regular maintenance, inspections and testing of utility system (28.7.2)
STANDARD 29 Sterilization and Decontamination Services	• Identify the supervisor and responsible party for sterilization and decontamination services. (29.1.3) • Document 3 instances within the last year of a non-conformance in sterile processing or decontamination being identified and corrected in a manner commensurate with a risk at hand (29.1.4) • Show us your policy for storage, segregation and transport expiration parameters within the guidelines of 29.3.2.
STANDARD 30 Information Security Management	• Show us Information Security Management Policy (30.1.2) • Prepare the list of IT contracted services (30.2.1) • Be prepare to discuss a access control and allocations of permissions (30.4.1) • Provide evidence of the last time the business continuity plan for information security was last tested and actions for improvement (30.5.1)

28.5 Hazardous Materials (HAZMAT) Process	1. The HAZMAT process shall be consistent with national and local law, regulation and STANDARD 2.6. 7. The healthcare organization shall meet the following requirements for the installation and use of alcohol-based hand rub dispensers: b) dispensers shall be permitted as allowed by law and other associated regulations.
28.6 Medical Equipment Process	The healthcare organization shall develop and maintain a medical equipment process that provides for selection, safe use, inspection, testing, and maintenance of equipment to ensure an acceptable level of safety and quality. A qualified individual shall monitor, test, calibrate, and maintain the equipment periodically. These requirements shall be based on risk assessment, in accordance with the manufacturer's recommendations, risk-based industry practices and/or healthcare organization experience, applicable laws, or regulations.

Appendix A : Law & Regulation

Standards	Content
8.1.3 Medical Staff	The Governing Body has the authority to determine under the local law the types of associated healthcare professionals who are eligible for admission to the medical staff.
11.12.6 Order for Restraint or Seclusion	After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician who is responsible for the care of the patient and authorized to order restraint or seclusion by the healthcare organization policy in accordance with applicable laws or regulations shall see and assess and document the findings on the patient record.
11.3 Patient Grievance	**NOTE 1** A complaint may be from a patient, or a patient's representative regarding the care provided, abuse, neglect, or the healthcare organization's compliance with applicable laws and regulations. Complaints may be written or verbal. For the purposes of this requirement, an email or fax is considered 'written'. Billing issues are seldom considered in this requirement.
15.5.9 Organization and Staffing	The post-anesthesia evaluation shall be completed in accordance with National law and with healthcare organization policies and procedures that have been approved by the medical staff and that reflect current standards of anesthesia care.
21.1 General	**NOTE 1** Direction of pharmaceutical services may not require continuous on-premise supervision. Depending on the scope of care the supervisory requirement may be accomplished through regularly scheduled visits, in accordance with applicable laws and regulations and accepted professional principles.
23.3.3 Medical Record Requirements	Medical records shall be retained in their original or legally reproduced form for a period of at least 5 years or in accordance with the national law.
23.5 Confidentiality	Copies of original medical records shall be released by the healthcare organization only in accordance with applicable laws and regulations, court orders, or subpoenas.
23.6.8 Content of Record	All verbal orders shall be authenticated based upon applicable laws and regulations. If there are no applicable laws and regulations that designate a specific time frame for the authentication of verbal orders, verbal orders shall be authenticated within 48 hours.
24.2 Adequacy of Services	**NOTE 2** The emergency laboratory services available shall reflect the scope and complexity of the healthcare organization's operations at the location and be provided in accordance with applicable laws and regulations, and guidelines and acceptable standards of practice.
27.3.3 Diets	In accordance with applicable laws and regulations and healthcare organization policy, a dietitian shall address a patient's nutritional needs and provide recommendations or consultations upon request of the patient's medical practitioner. Orders for this consultation and any treatment enacted shall be signed dated and timed by the responsible practitioner.
28.1.1 Facilities	The healthcare organization shall maintain safe and adequate facilities in accordance with national and local laws, regulations, and guidelines that reflect the scope and complexity of the services offered in accordance with recognized standards of practice.
28.2.1 Life Safety	6.The healthcare organization shall assess, document, and minimize the impact of construction, repairs, or improvement operations upon occupied area(s). The assessment shall include provisions for infection prevention and control, utility requirements, noise, vibration, and alternative life safety measures. These measures shall be undertaken with the supervision and oversight of infection prevention and control, including any national law or regulatory requirements relating to life safety.
28.2.2 Fire Safety	1. The healthcare organization shall develop and follow a Fire Safety Process to ensure that all fire safety requirements of National law or other regulatory agencies are met. 4. The healthcare organization shall maintain written evidence of regular inspections and approval by all applicable fire control agencies and applicable national and local law and legislation. This evidence shall be maintained as documented information.

SURVEY AGENDA

CLIENT: **Inspire IVF**	Survey Type: **Initial Survey**	Date: **07. 05. 2021.**
Client ID: **L178**	**Lead Surveyor:** **Somporn Kumphong, MD (Clinical Surveyor)**	**Survey Team:** **Naphatsinth Sintoon (Governance surveyor)** **Nirachit Rerngsangvata (PE Surveyor)**
Survey method: On-site		
Standard: **AACI Accreditation Standard 5.0 + ISO 9001:2015**		
Accreditation: **IEEA**		
Audit objectives: 1. to confirm, that the management system conforms to all relevant requirements of the standard 2. to confirm, that the organization has effectively implemented the described management system 3. to confirm, that the management system is able to achieve the objectives of the enterprise policy		
ISO 9001 Scope: Providing of Outpatient service in – Orthopaedic & Rehabilitation, Skin & Anti aging		
(1 day, 3 surveyors)		

This schedule of activities is subject to change to allow flexibility of the Survey team, and consideration of organization leadership and patient care activities to minimize any disruption. Operational Activities will be reviewed by visiting the various patient care and other diagnostic units of the organization including interviews with staff and management, medical staff members, leadership and others as appropriate. At the discretion of the Survey team, it may be necessary to schedule certain representatives of the organization, this will be discussed during planning sessions with the organization.

DAY 1			
TIME	**Governance**	**Clinical**	**PE**
09:00-09:30	**Opening Meeting with Organization Leadership** – Review Schedule for Survey Activities / Participants: Director/Management Representative and Other Administrative Staff (at organization's discretion)		
09:30-10:30	**Regulatory Compliance** (Accreditation Standard 1) **Leadership** (Accreditation standard 2) (ISO 9001:2015 5.1) **Organizational Ethics** (Accreditation standard 3) **Outsourced Services** (Accreditation standard 2.7) (ISO 9001:2015, 8.4)	**Context of organization** (ISO 9001:2015 4.1, 4.2) **Patient Safety System** (Accreditation standard 6) **Staffing Management and Medical Staff** (Accreditation standard 7, 8) (ISO 9001:2015 7.1.2, 7.2)	**Facilities Tour** (Accreditation standard 27.1) (ISO 9001:2015, 7.1.3)
10:30-11:00	**Quality Management System** (Accreditation Standard 4) **Critical control points** (Accreditation standard 4.1.4) **Measurement, Monitoring, and Analysis** (Accreditation standard 4.7.4)	**Ambulatory/Outpatient Services** (Accreditation standard 13) (ISO 9001:2015, 8.5) **Laboratory Services** (Accreditation standard 24) (ISO 9001:2015, 8.5)	**Life and fire safety and Security Management Process** (Accreditation standard 27.2, 27.3)
11:00-12:00			**Emergency Management Process** **Utility Systems Process** (Accreditation standards 27.4, 27.7)
12:00-13:00	**Lunch**		
13.00-14:00	**Pharmaceutical Services** (Accreditation standard 21) (ISO 9001:2015, 8.5)	**Surgical & Anesthesia Services** (Accreditation standard 14 & 15) (ISO 9001:2015, 8.5)	**Hazardous Materials (HAZMAT) Process Medical Equipment Process** (Accreditation standards 27.5, 27.6)
14:00-15:00	**Risk Management** (Accreditation standard 10) (ISO 9001:2015 6.1)	**Closed Medical Records Review** (Accreditation standard 23) (ISO 9001:2015, 7.5)	**IT security** (Accreditation standard 29) (ISO 9001:2015, 7.5.3)
15:00-15:30	**Infection Prevention System** (includes all related data, patients) (Accreditation standard 22) (ISO 9001:2015, 8.5)		
15:30-16:30	**Surveyor Planning Session**		
16:30	**Closing Meeting with Director**/Management Representative and Other Administrative Staff		

Non - conformity Golden Rule

- A requirement
- A failing
- Evidence

AACI

Documenting the survey Findings

REQUIREMENT

FAILURE

EVIDENCE

Survey Findings

Evidence

Criteria

AACI

Survey Findings - Definition

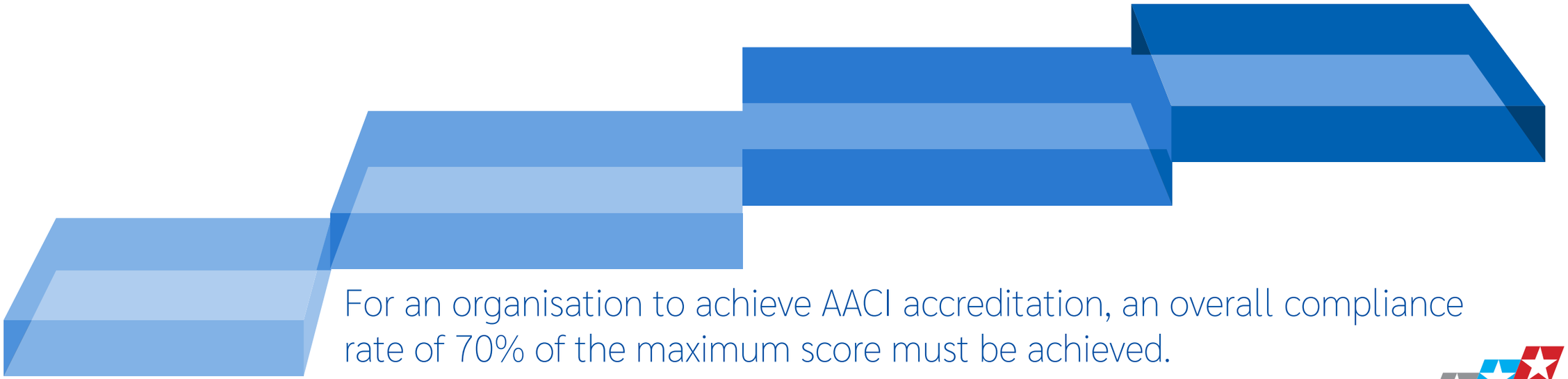
Survey Findings

- Results of the evaluation of the collected survey evidence against survey criteria
- Note: survey findings may indicate conformity or non-conformity or may lead to the identification of opportunities for improvement

AACI

Survey Findings

Conformity	Non-Conformity		
	Minor	Major	Critical
Situation in which conformity to all aspects of a requirement are fulfilled	A lapse of either discipline or control during the implementation of system/procedural requirements	The absence of one or more required system elements or a situation which raises significant doubt that products or services will meet specified requirements.	Critical nonconformity is interpreted as a situation in which the health and safety of individual(s) are at risk.

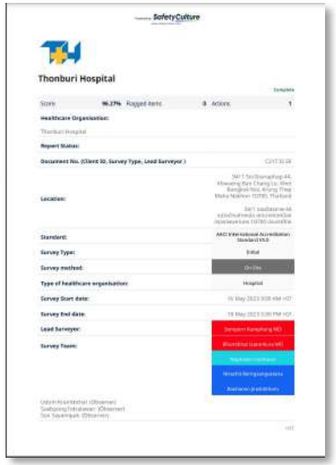


For an organisation to achieve AACI accreditation, an overall compliance rate of 70% of the maximum score must be achieved.

AACI

Documenting the survey Findings

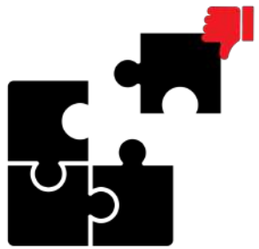
Survey Findings



POSITIVE POINTs

OFIs

Opportunities for Improvement



NCs

Non Conformities or

Require for Improvement

AACI

Documenting the survey Findings

NC

- Standard Elements

- System Elements

- Severity/Risk

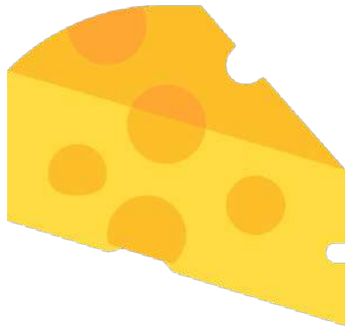
AACI

Swiss Cheese Model

Multiple Layer Improve Success

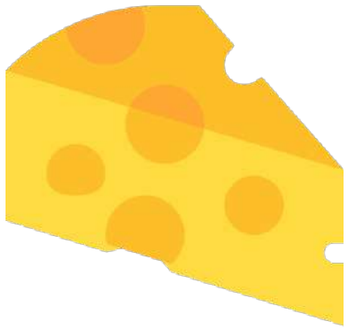
Risk Mitigation and Process Design

Required hierarchy and multiple measures



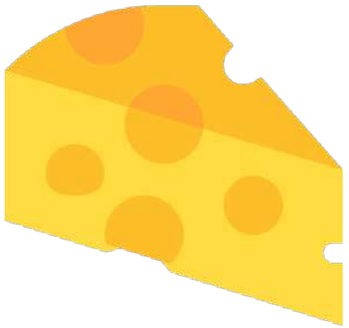
Resource

ทรัพยากรที่จำเป็น



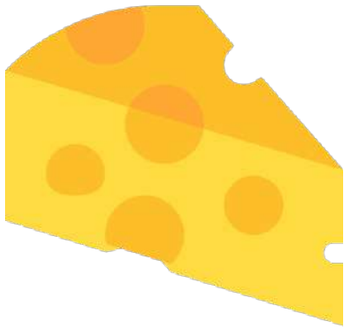
Administrative

การบริหารจัดการ



Human

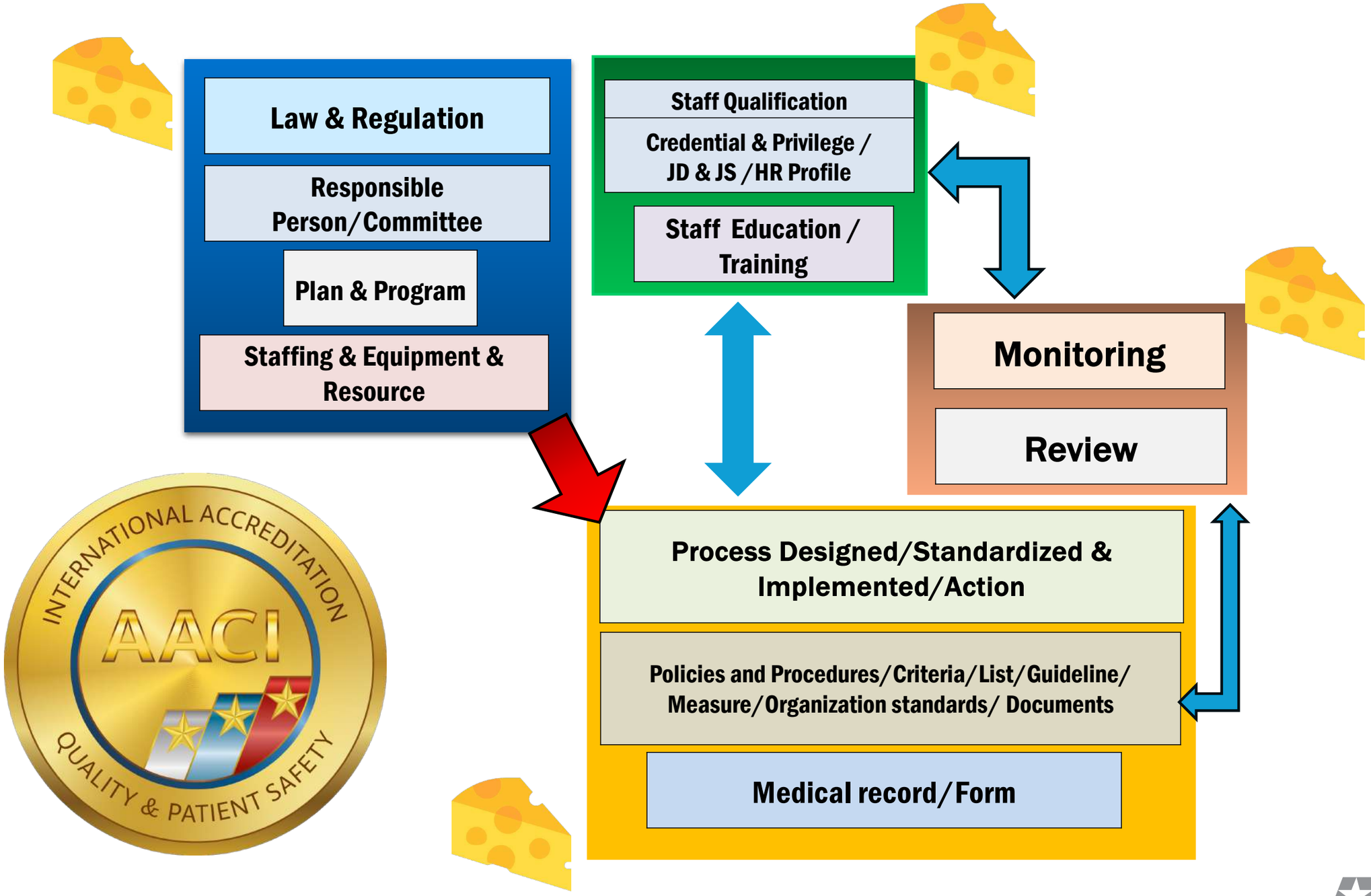
บุคลากร



Review & Monitor

การทบทวน และติดตาม

AACI



AACI

CAP Timeline

***All Critical and Major nonconformities must be removed prior to the awarding of accreditation.

Conformity	Non-Conformity		
	Minor	Major	Critical
Situation in which conformity to all aspects of a requirement are fulfilled	Closing NC Minor will take place at the next annual survey	Closing NC Major Within sixty (60) days of CAP acceptance	Closing NC Critical The risk related to the Critical NC must be mitigated within seven (7) days. The final resolution must be completed within thirty (30) days.

A desk follow-up survey prior to the next annual survey will be required

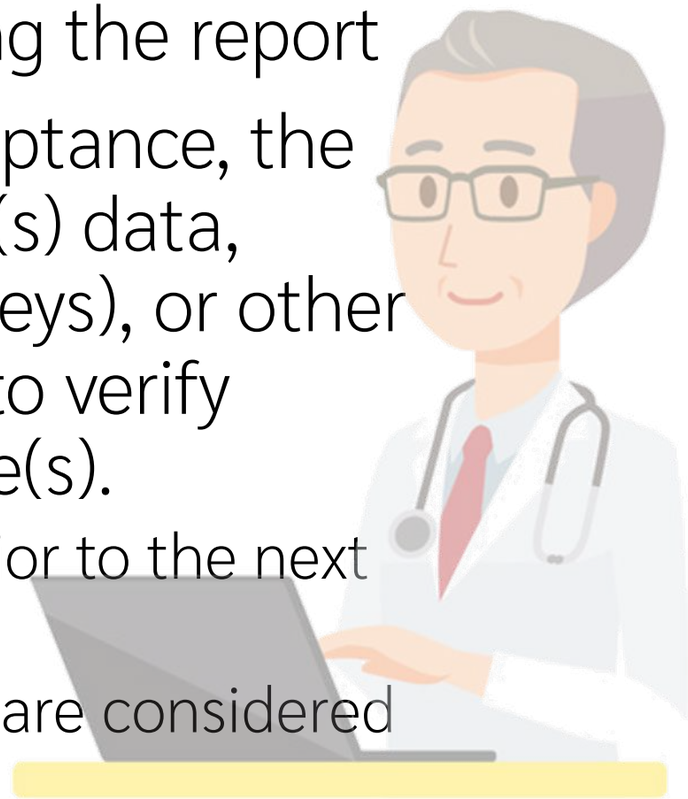
A follow-up survey prior to the next annual survey will be required

The organization shall submit performance measure(s) data, findings, results of internal reviews (internal surveys), or other supporting documentation, including timelines to verify implementation of the corrective action measure(s).

AACI

CAP Timelines

- For pre-assessments no CAP is required
- A CAP is required within 30 working days receiving the report
- For NC Major: Within sixty (60) days of AACI acceptance, the organization shall submit performance measure(s) data, findings, results of internal reviews (internal surveys), or other supporting documentation, including timelines to verify implementation of the corrective action measure(s).
  - In order to close Major NC , a site follow-up survey prior to the next annual survey may be required.
  - The Lead Surveyor recommends that also Minor NCs are considered and responded to.



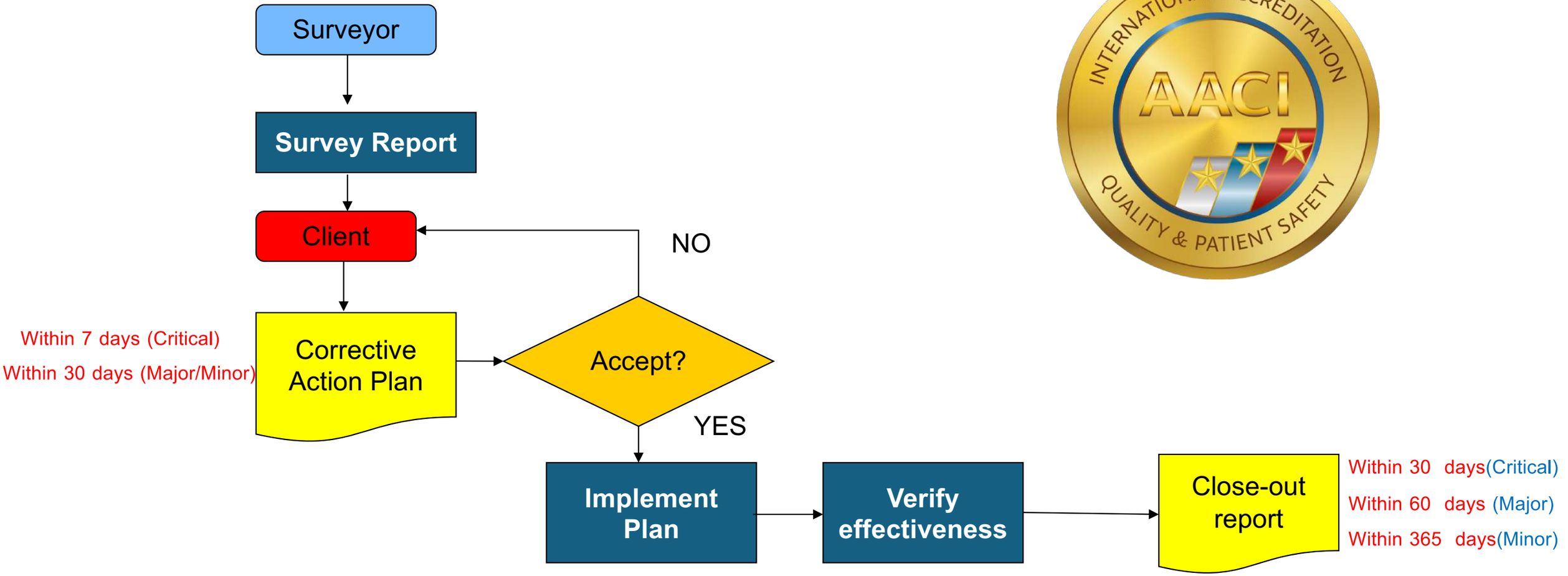
AACI

Review of CAP

Identify	Identify the root cause that led to the nonconformity;
Identify	Identify the actions taken to correct the nonconformity in the affected areas and/or processes;
Identify	Identify other areas and/or processes (if applicable) that have the potential to be affected by the same nonconformity;
Identify	Identify the process or system changes that will be made to ensure that the nonconformity does not recur;
Identify	Identify the timeframe for the implementation of the corrective action measure(s);
Identify	Identify the person responsible for implementing the corrective action measure(s); and,
Identify	Identify the performance measure(s) and/or other supporting evidence that will be monitored to ensure the effectiveness of the corrective action(s) taken

AACI

Flowchart of the Post-Survey Process



International Accreditation Standards for Healthcare Organizations Version 6.0

ISQuaEEA Accredited Organisation 2022-2026

ISQuaEEA Accredited Standards 2023-2027

ISQuaEEA Accredited Surveyor Training Programme 2024-2028

AACI International Accreditation Standards for Healthcare Organizations 6.0

Module II

Patient Focused Care Standards

Healthcare organisation Governance Standards

Ancillary Services

Module I

Module III

AACI

AACI Accreditation Standards

Module I (10 Chapters 49 Standards)

Healthcare organisation Governance Standards

Module II (16 Chapters 74 Standards)

Patient Focused Care Standards

Module III (4 Chapters 19 Standards)

Ancillary Services

Total 30 Chapters 142 Standards

AACI

2025

AACI Accreditation Standards

American Accreditation Commission International

Module I (10 Chapters 49 Standards)

Healthcare Organization Governance Standards

1. Regulatory Compliance (1)
2. Leadership (6)
3. Organisational Ethics (2)
4. Quality Management Program (7)
5. Utilization Review (3)
6. Patient Safety Systems (3)
7. Staffing Management (9)
8. Medical Staff (10)
9. Nursing Services (5)
10. Risk Management (3)

ISQuaEEA Accredited Organisation 2022-2026
ISQuaEEA Accredited Standards 2023-2027
ISQuaEEA Accredited Surveyor Training Programme 2024-2028

2025

AACI Accreditation Standards

Module II (16 Chapters 74 Standards)

American Accreditation Commission International

Patient Focused Care Standards

11. Patient Rights (13)
12. Planning, Admission, and Discharge (4)
13.Outpatient Services (3)
14. Surgical Services (6)
15. Anesthesia Services (5)
16. Emergency Services (4)
17.Obstetrics Services (2)
18. Radiologic and Nuclear Medicine Services (6)
19. Psychiatric and Behavioral Services (3)
20. Rehabilitation Services (4)
21. Pharmaceutical services (7)
22. Infection Prevention (2)
23. Medical Records (6)
24. Laboratory Services (4)
25. Pathology (4)
26. Organ, Tissue & Eye Procurement (1)

ISQuaEEA Accredited Organisation 2022-2026

ISQuaEEA Accredited Standards 2023-2027

ISQuaEEA Accredited Surveyor Training Programme 2024-2028

2025

AACI Accreditation Standards

American Accreditation Commission International

Module III (4 Chapters 19 Standards)

Ancillary Services

- 27. Food & Dietetic Services (3)
- 28. Physical Environment (8)
- 29.Sterilization (3)
- 30. Information Security Management (5)

ISQuaEEA Accredited Organisation 2022-2026
ISQuaEEA Accredited Standards 2023-2027
ISQuaEEA Accredited Surveyor Training Programme 2024-2028

Module I

Healthcare organisation Governance Standards

2025

AACI Accreditation Standards

American Accreditation Commission International

Module I (10 Chapters 49 Standards)

Healthcare Organization Governance Standards

1. Regulatory Compliance (1)
2. Leadership (6)
3. Organisational Ethics (2)
4. Quality Management Program (7)
5. Utilization Review (3)
6. Patient Safety Systems (3)
7. Staffing Management (9)
8. Medical Staff (10)
9. Nursing Services (5)
10. Risk Management (3)

ISQuaEEA Accredited Organisation 2022-2026
ISQuaEEA Accredited Standards 2023-2027
ISQuaEEA Accredited Surveyor Training Programme 2024-2028

AACI Accreditation Standards

Module I: Healthcare Organisation Governance

Leadership
บทบาทของผู้นำ

1. Regulatory Compliance

2. Leadership
3. Org. Ethics

Human Resource
ทรัพยากรบุคคล

Staffing

7. Staff Management
8. Medical Staff
9. Nursing Staff

4. Quality Management

5. Utilization review

6.Patient Safety

10. RISK Management

QMS Chapter
การดำเนินงานด้านคุณภาพ
- RISK
- SAFETY
- Quality Improvement

AACI

2025

Standard.1

Regulatory Compliance

American Accreditation Commission International

1.1 General

STANDARD 1 Regulatory Compliance

- Law & Regulation related Standards (1.1) as Appendix A.
- License & permits (1.2)
- We may ask general questions

AACI

2025

AACI American Accreditation Commission International

Standard.2 Leadership

2.1 Legal Authority and Governing Body
2.2 Managing Director
2.3 Medical Director
2.4 Healthcare Providers
2.5 Organizational Plan and Budget
2.6 Outsourced Services

Accredited Organisation 2022-2026 | Accredited Standards 2023-2027 | Accredited Surveyor Training Programme 2024-2028

STANDARD 2 Leadership

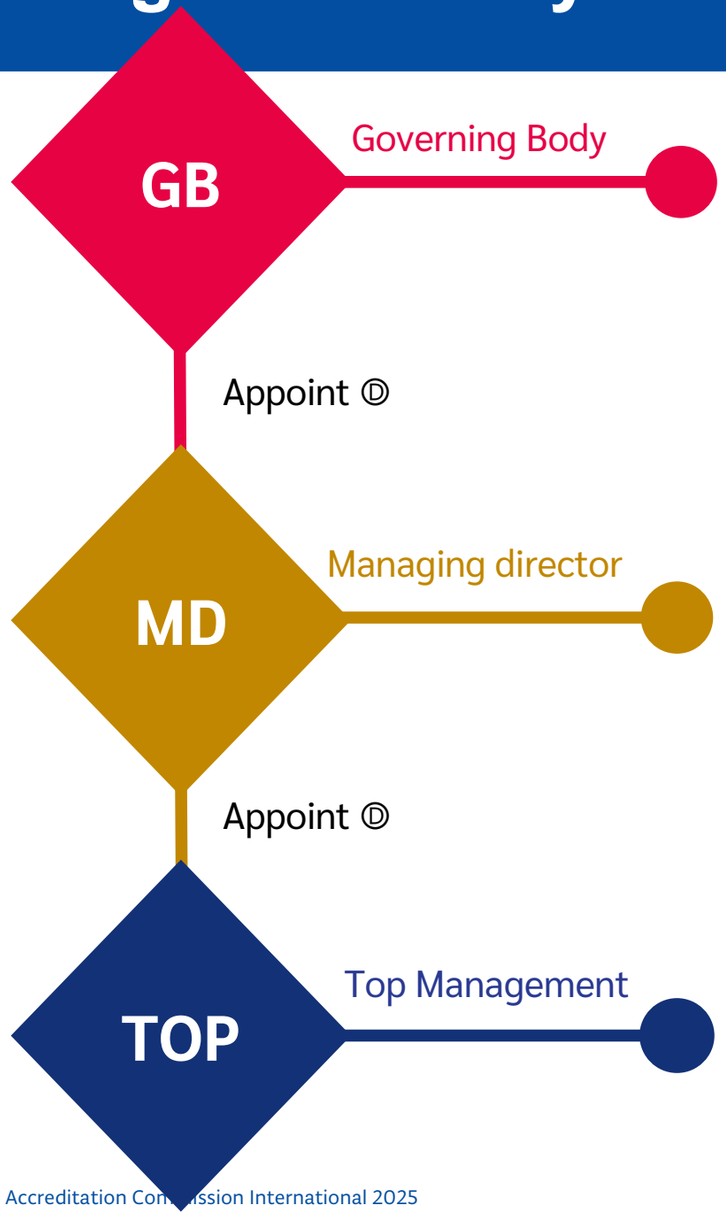
- Most recent document Minutes of meeting of Governing Body (2.1)
- Process map demonstrating the interactions of services within your healthcare facility (2.2.3)
- Recognized standards and internationally or nationally accepted evidence-based protocols and guidelines (2.2.6)
- Budget (2.5)
- List of outsourced/contracted services and personnel (2.6)

AACI

STANDARD 2 Leadership

- Managing Director (2.2.3)
- Budget (2.5)
- List of outsourced/contracted services and personnel (2.6)

Legal Authority and Governing Body



NEW

- ❑ Aware of influences, information, and other (int, ext factors)
- ❑ Defined Strategic direction
- ❑ Scope of Services
- ❑ Consideration of relevant customer needs and interested party satisfaction

- ❑ Ensure the authority and responsibilities are established, understood and communicated
- ❑ Establish strategic plan and implement an aligned QMS
- ❑ Ensure that the organization has defined, communicated and understood and documented mission, vision and values
- ❑ Establish leadership roles (medical care, financial, QMS)
- ❑ Provided resources needed.

- ❑ CMO/Medical Director
- ❑ CNO
- ❑ CFO
- ❑ QMD

- ❑ Others
  - ❑ HRD
  - ❑ COO
  - ❑ CIO
  - ❑ CPXO

AACI

Healthcare Provider

- Appointing all practitioner providing patient care:
  - **Clinical Staffs**
    - Medical Staffs (Physicians, Dentist, etc)
    - RN
    - RPh
    - OT, PT, Radiology technician, Lab Technician
  - **Non-Clinical Staffs**
    - Patient assistant
    - Nurse aids
    - Volunteers,
    - Patient Advocacy

NEW

Organization Scope of Practice Resources

AACI

2.5 Organizational Plan and Budget

Annual Operating Budget

Anticipated Income

Expense

3-Yr Period of Capital Expenditure

i. acquisition of land;
ii. improvement of land, buildings, and equipment;
iii. replacement, modernization, and expansion of buildings and equipment.

1. the Governing Body and by a Committee consisting of representatives of the Governing Body,
2. Top management,
3. The administrative staff, and
4. The medical staff of the healthcare organization.

AACI

2.6 Outsourced services

- List of contracted companies, individuals which includes their scope of service
- Review a sampling of the contracts for contracted services, Joint Ventures, and Outsourced Services for the presence of:

NEW

a) Selection criteria-based* for clinical and non-clinical

b) Management review for the indicators for safe/ effective services

c) Annual review of contracts and performance (2.7.3)Ⓓ

2.7.1 GB and Top management shall be responsible.
2.7.2 Services performed under a contract provided In safe and effective manner
2.7.4 Ongoing and at the time for contract renewal, Measurement shall be monitored and considered.
2.7.5 Retained documented information Ⓓ

AACI

2025

American Accreditation Commission International

Standard.3 Organizational Ethics

3.1 General

3.2 Discrimination and Work Environment

STANDARD 3 Organizational Ethics

- Documented set of ethical principles or framework and code of conduct (3.1)

Ethical principles

- The Ethical Principles shall include but not limited to (3.1.3):
  a) confidentiality of patient and personnel information;
  b) avoidance of conflicts of interest;
  c) complaints processes;
  d) Independence and objectivity;
  e) encouragement of staff to raise ethical concerns;
  f) accurately bill for its services;
  g) provide an effective resolution within defined time bracket according to established healthcare organization policy;
  h) resolve conflicts when financial incentives and payment arrangements could compromise patient care.

AACI

2025

American Accreditation Commission International

Standard.4
Quality Management System

4.1 General
4.2 Quality Mangement System Requirements
4.3 Quality Policy, Mission, Vision and Values
4.4 Control of Documented Information
4.5 Quality Objectives and Plan
4.6 Measurement, Monitoring and Analysis
4.7 Management Review

STANDARD 4 Quality Management System

- Document that demonstrates existence of control of critical processes as required in section 4.1.3., 4.1.4., and 4.1.5.
- Quality Management procedures (4.2.1)
- The most recent minutes of meeting Quality Committee (4.2.2)
- Quality Policy, Mission, and Quality Objectives (4.3, 4.5)
- Procedures for Control Documented information (4.4)
- Documentation of at least three of the measures required in 4.6.4. a-aa
- Internal survey report and scheduled calendar (4.6.5)
- Management review report or any other document which demonstrates measurement of process control, improvement and promotion of customer satisfaction (4.7)

AACI

4.1.3 QM system requirements *Point-of-Control*

a) process for reporting critical and/or unexpected diagnostic results;

b) process for management and follow up of patients who intend to leave the healthcare organization against medical advice;

c) process for "hand-off" communication between staff (doctor to doctor, doctor to nurse, nurse to nurse) at the time of change of shifts or transfer between units within the healthcare organization;

d) process for patients permitted to leave the organization during the planned course of treatment;

e) process for central sterile and decontamination validations;

f) process for surgery "time-out" and pre-operative surgical site identification;

g) process for discharge of a patient from one healthcare environment to another;

h) processes for preventing medication errors;

i) process for other critical patient related or internal healthcare organization requirements as determined to be necessary throughout all services.

AACI

4.2 QMS Requirements

4.2.1 The healthcare organization is required to have the following as part of the quality management system:

a) understanding the context and purpose of the healthcare organization including external and internal issues relevant to its purpose;

b) defined interested parties that are relevant to the healthcare organization management system;

c) a defined scope of service Ⓓ based on resources available, and an ongoing risk analysis program consistent with achieving intended results;

d) a process approach with #inputs required and #outputs expected;

e) sequences and interactions with that processes;

f) effective control of these processes;

g) scheduled internal surveys and management review; (also see 4.7)Ⓓ

h) a policy for surveillance of high risk, problem prone processes or functions; Ⓟ

i) a policy to monitor and measure the severity, prevalence, and incidence of problems related to the internal or external processes of the healthcare organization; Ⓟ

j) a policy for the management of underperformance of performance; Ⓟ

k) a process to improve quality of care, patient safety, and effect healthcare organization outcomes.

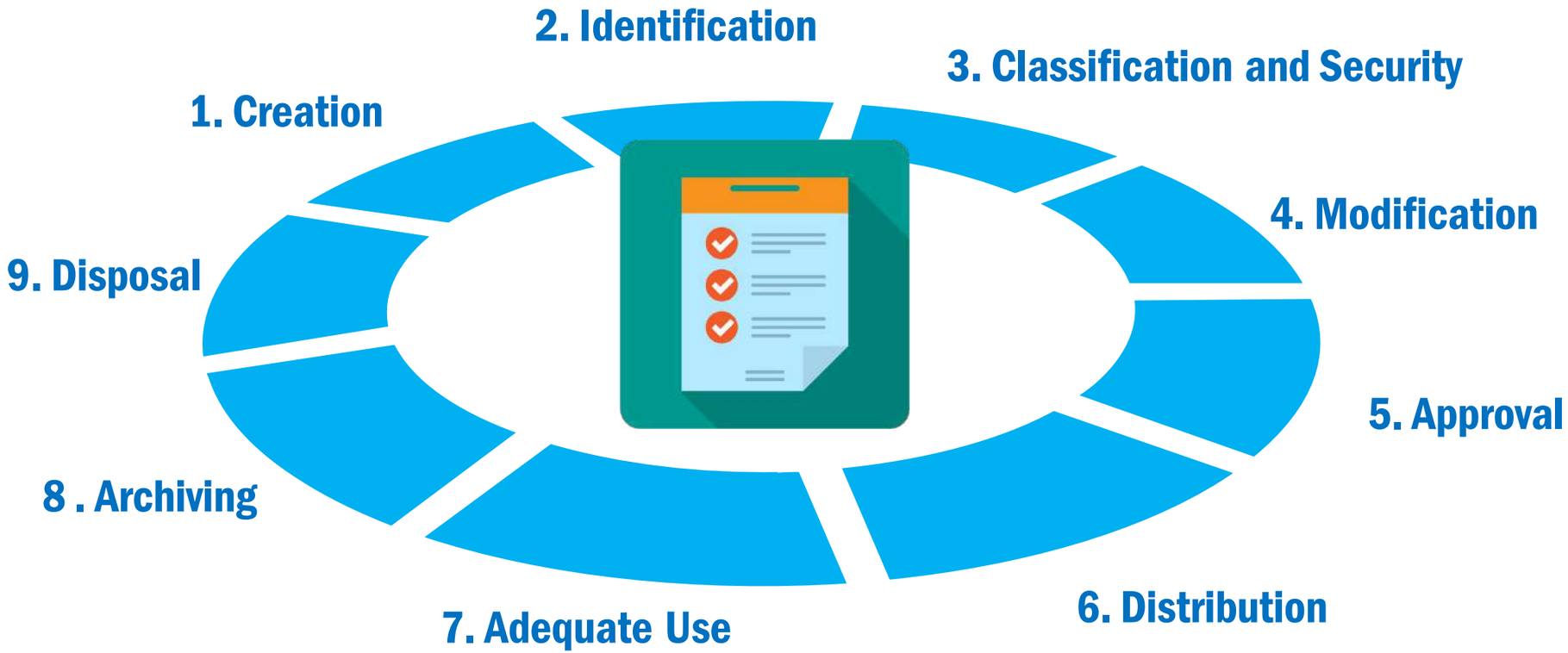
AACI

4.3 QP, Mission, Vision and Values

1. The healthcare organization shall establish, implement, and maintain a quality policy, mission, vision, and values that:
   - a) is appropriate to the purpose and context of the organization and supports its strategic direction;
   - b) provides a framework for setting quality objectives;
   - c) includes a commitment to satisfy applicable requirements;
   - d) includes a commitment to continual improvement of the quality management system.
2. The quality policy, mission, vision, and values shall:
   - a) be available and be maintained as documented information; Ⓓ
   - b) be communicated, understood and applied within the healthcare organization;Ⓣ
   - c) be available to relevant interested parties, as appropriate.

AACI

4.4 Control of Documented Info.



Documented Information may take multiple forms, i.e: hard copy, digital storage, video, audio, etc.

4.6.4 What Top Management need to monitor

a) threats to patient and staff safety (i.e. falls, patient identification, injuries);

b) medication therapy/medication use; to include medication reconciliation, look alike-sound alike medications, use of dangerous abbreviations, and use of chemotherapeutic drugs;

c) risk of improper narcotic use and efforts to prevent addiction and to facilitate abuse rehabilitation;

d) surgery and other operative and invasive procedures; to include wrong site/wrong patient wrong procedure;

e) ionizing radiation and, nuclear medicine therapy;

f) anesthesia/moderate sedation;

g) blood and blood components;

h) restraint use/seclusion;

i) effectiveness of pain management system;

j) opioid therapy oversight;

k) infection control system, including healthcare organization acquired infections (HAI);

l) utilization management system;

m) Patient flow issues, to include reporting of patients held in the emergency department or the PACU for extended periods of time (as defined by the healthcare organization);

n) customer/patient satisfaction, both clinical and support areas;

o) patient complaints/grievance;

p) staff satisfaction;

q) discrepant pathology reports;

r) unanticipated deaths, adverse and/or sentinel events;

s) near misses and/or other adverse events including sentinel events;

t) critical and/or pertinent processes, both clinical and supportive;

u) high risk low frequency processes;

v) medical record delinquency;

w) physical environment management systems;

x) high-risk equipment including those associated with unexpected injuries;

y) radiology patient and staff safety requirements including exposure monitoring;

z) high-risk procedures related to research and clinical trials;

aa) discharge and transfer hazards.

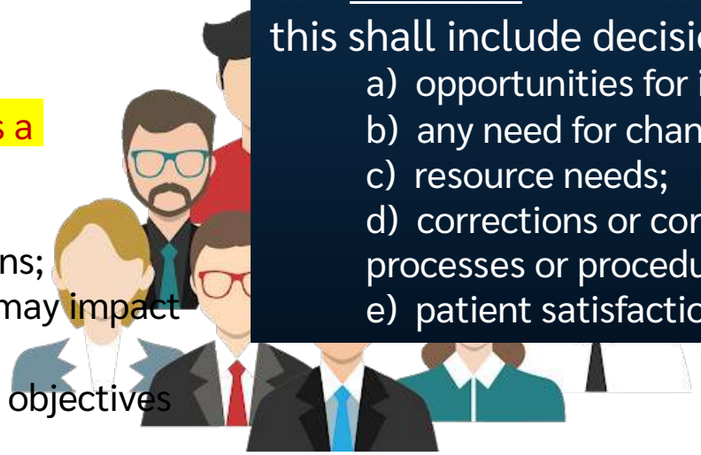
AACI

4.7 Management Review Ⓓ

Top Management Periodically review the Adequacy, Suitability and effectiveness of the organizations' Policy, Mission, Vision, Procedures and Performance Result.

The INPUT for the management review shall include as a minimum: (4.7.3)

a) status of actions from previous reviews;
b) status of on-going and completed corrective actions;
c) changes to both external and internal issues that may impact on the quality management system;
d) analyzed results from the measurement of quality objectives and key indicators;
e) outcomes related to grievance procedures;
f) patient satisfaction;
g) results of utilization review;
h) performance and evaluation of external contractors;
i) internal survey results.



The OUTPUTs of the management review shall be documented, and this shall include decisions and actions related to: (4.7.4)

a) opportunities for improvement;
b) any need for changes to the Quality Management System;
c) resource needs;
d) corrections or corrective actions relating to nonconforming processes or procedures;
e) patient satisfaction.

5. The results of management review output shall be reported to the Governing Body, or its designated quality Committee as needed, but at least annually.
6. Documents relating to the management review in this section shall be retained and maintained as documented information. Ⓓ

AACI

4.7. Management Review

GOVERNING BODY

- 5. The results of management review output shall be reported to the Governing Body or its designated quality Committee as needed, but at least annually.
- Documents relating to the management review in this section shall be retained and maintained as documented information. Ⓓ

at least Annually

Management Review Ⓓ

at least quarterly (also see 2.1.4, 6.1.3)

NEW

AACI

2025

American Accreditation Commission International

Standard.5 Utilization Review

5.1 Utilization Review Plan
5.2 Scope and Frequency of Review
5.3 Department Scope of Service

STANDARD 5 Utilization Review

- Documented process for utilization review (see 5.1.)
- Most recent documented minutes of meeting from Utilization Committee (5.1)
- Scope of service departments within your organization (5.3)

AACI

5. Utilization Review Systems

- **5.1 Utilization Review Plan**
- **5.2 Scope and Frequency of Review**

2 or more practitioners from clinical staffs

Stakeholders; representative of local community

Other service provider; within the Healthcare SOS

The UR board must ensure that processes are not guided or reviewed by a person with a conflict of interest (5.1.2).

NOTE 1 Variation in the use of healthcare organization resources can be the result of different work practices throughout the services provided. Appropriate supervision and analysis of consumed resources across the spectrum of services provided will highlight areas for service enhancement and drive continual improvement in quality and efficiency.

AACI

5.2 Scope and Frequency of UR

- Sample records supporting UR activities performed as described in the UR Plan:
  - **Responsibility and authority for UR activities**
  - **Conflict of interest provision**
  - **medical necessity of admissions (states in 5.2.1,a)**
  - **Appropriateness and necessity of the services ordered and provided with respect to Dx related groups or similar disease processes including MM* (states in 5.2.1, b)**
  - **Extended stays beyond the expected average LOS (states in 5.2.1,c)**
  - **Review of Appropriateness of setting**
    - Treatment plans reflects EVB care pathways (states in 5.2.1, d)
  - **Review for medical necessity of professional services with significant impact on available resources as determined by Top management (states in 5.2.1, e)**
- Verify >> Composition UR COMMITTEE

* MM – Medication Management
**This standard apply for Hospital setting only

AACI

5.3 Department Scope of Service

1. Each department, whether clinical or supportive, and each patient unit shall have a written scope of service that includes at least:
    - a) **the hours of operation;**
    - b) **patient populations served;**
    - c) **skill mix;**
    - d) **core staffing and methods for determining and modifying staffing to meet patient or process needs;**
    - e) **description of patient assessment and reassessment practices, including timeframes, where applicable;**
    - f) **healthcare organization policies shall identify how often and under what circumstances each department's scope of service shall be reviewed and updated. (e.g. if a new service is added or discontinued, change of population served, etc.);**
    - g) **specific information to facilitate the patient admission process;**
    - h) **the specification of departmental authority and roles of responsibility within the healthcare organization.**
2. This shall be maintained as documented information and publicly available as required by the healthcare organization and service community.

AACI

2025

American Accreditation Commission International

Standard.6 Patient Safety System

6.1 General
6.2 Traceability
6.3 Opioid Oversight and Use Committee

STANDARD 6 Patient Safety System

- Evidence of required annual monitoring, measurement, analysis, including correction or corrective action of the Patient safety goals (6.1. NOTE 1)
- Traceability Information [as 6.2.7 a)-n)]
- Patient safety committee minutes of meetings (6.3)
- Documentation of the organization of an opioid oversight and use committee (6.3)

AACI

SAFETY

GOAL vs. YOU

6.1 General

4. These goals shall be met by:
   a) focus on high-risk, high-volume, or problem-prone areas;
   b) consideration of the incidence, prevalence, and severity of problems in those areas;
   c) the result of health outcomes, patient safety, and quality of care;
   d) review of occurrence and resulting impact on the healthcare organization;
   e) promoting any required training indicated by the result of the above activities.
5. Output resulting from the activities of the Patient Safety Committee shall be input for Top management review and retained as documented information. Ⓓ

AACI

2023 – 2025

Patient Safety Goal

Healthcare Organizations:

1. Awareness and prevention of "BURN OUT" in staffing management
2. Establishing a Cultural awareness of hand-washing and its absolute necessity in the patient care setting
3. Surveillance and review of untoward reactions relative to staff vaccine inoculation
4. Surveillance and review of decontamination, storage, and delivery processes associated with endoscopic and other re-usable medical devices (RMD)
5. Implement prep-proof surgical site identification methods
6. Improve surgical outcome by implementation of WHO preoperative checklist
7. Ensure timely Completion and Availability of medical records

AACI

6.2 Traceability

6.2 Traceability

- Traceability information linked to Medical records
- Retrievable and used to contact and inform all recipients

- The requirements shall be established, reviewed, controlled and updated collaborative input from IC and sterile processing

a) Reusable med equip requiring sterilization (instrument packs & events of flash/immediate sterilization)
b) Sterilization equipment
c) Anesthesia machine use
d) Ventilation use
e) Reusable medical equipment required decontamination processing (endoscopes, etc)
f) Associated decontamination equipment
g) Critical equipment requiring calibration for use
h) Ionizing radiology equipment use
i) Vaccinations
j) Blood transfusion
k) Pharmaceutical agents as determined appropriate by Org.
l) Known events of exposure to harmful circumstances requiring F/U supervision of care
m) Traceability recommended by Manufacturer's instruction
n) Other points of control as determined to be immediately necessary for safety control

AACI

6.3 Opioid oversight and Use committee

1. The healthcare organization shall establish a multidisciplinary Committee to analyze risk and mitigate untoward incidents associated with opioid use within the facility. It shall develop and implement written policies and procedures related to this purpose.
2. This Committee shall be composed of members of the medical staff and nursing service to include but not limited to, representatives of:
    a) **internal medicine;**
    b) **surgery;**
    c) **anesthesiology;**
    d) **pain management;**
    e) **nursing leadership in related special care and PAC units.**

AACI

6.3 Opioid oversight and Use committee

5. There shall be a risk assessment for:
   - ❑ post-operative patients receiving intravenous,
   - ❑ PCA, or
   - ❑ neuraxial opioids.

   This risk assessment shall consider opiate dose, frequency, mode of delivery, and duration of anticipated therapy.

6. The healthcare organization shall determine the monitoring modes to be utilized in patients based on a level of the assessed risk particularly associated with patients within the first 24 post-operative hours. Of special consideration shall be the use of continuous ventilatory and oxygenation monitoring in patients receiving IV, PCA, or neuraxial opioids. Ⓜ Ⓟ

7. Documented information shall be retained and maintained as required by the healthcare organization (see 4.6.4.j). Ⓓ

AACI

STANDARD.7 - 9

Org. Staffing Plan (7.3)

Unit Staffing plan (7.3)

Revised & Update (7.4)

All Staff Recruitment

All Staff competency (7.6)

All Staff Evaluation (7.8)

Revised & Update

Org. & Unit

Medical Staff Org (8.2, 8.3),Credentialing PSV, Appointment

Medical staff Privileging (8.6, 8.7, 8.9)

MS Individual OPPE, Performance Data, Re-appointment (8.4)

Orientation and Awareness (7.6, 7.7)

ACLS/BLS (8.5)

Nursing staff Credential (9.4, 9.5)

Nursing staff Job assignment, JD (7.5)

Nursing Staff Individual Performance

Ongoing In-service Training (8.4)

- Specific JD
- AACI Standards
- Patient Safety
- Infectious control
- Fire safety
- Emergency Code
- Utilities
- QPS Program
- Quality Tools
- MR Concept/Tools

Other HP staff Credential (7.1)

Other HP staff Job assignment, JD (7.5)

Other HP Staff Individual Performance

Staff Health & Safety) 2nd
Victim, work place violence
Vaccination Program
Health promotion (7.9)

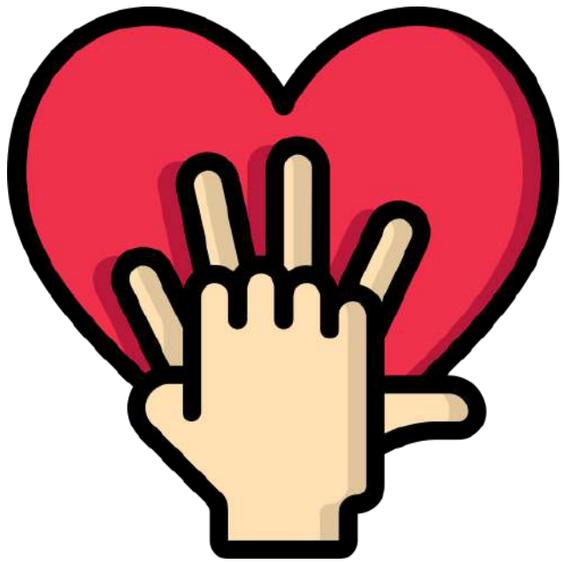
Personal Files

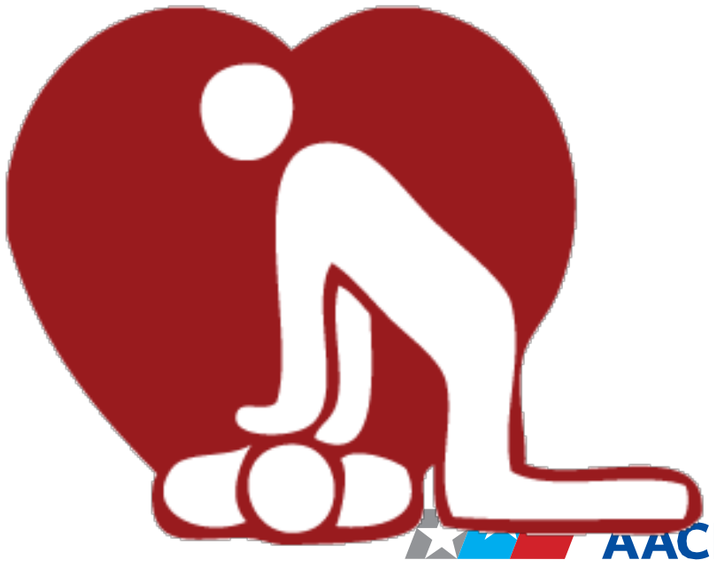
AACI

8.5 Continuing Education

8.51. All members of the medical staff shall participate in continuing education that is at least in part related to their patient care duties.

NOTE 1 In addition to required continuing medical education, medical staff shall maintain competence in the techniques of cardiopulmonary resuscitation.





2025

Standard.7
Staffing Management

AACI American Accreditation Commission International

7.1 Licensure, Registration and Certification
7.2 Professional Scope
7.3 Determing and Modifying Staffing
7.4 Job Description
7.5 Orientation
7.6 Staff Competence
7.7 Awareness and Education
7.8 Staff Evaluations
7.9 Health Promotion

STANDARD.7 - 9

Org. Staffing Plan (7.3)

Unit Staffing plan (7.3)

Revised & Update (7.4)

All Staff Recruitment

All Staff competency (7.6)

All Staff Evaluation (7.8)

Revised & Update

Org. & Unit

Medical Staff Org (8.2, 8.3),Credentialing PSV, Appointment

Medical staff Privileging (8.6, 8.7, 8.9)

MS Individual OPPE, Performance Data, Re-appointment (8.4)

Orientation and Awareness (7.6, 7.7)

ACLS/BLS (8.5)

Nursing staff Credential (9.4, 9.5)

Nursing staff Job assignment, JD (7.5)

Nursing Staff Individual Performance

Ongoing In-service Training (8.4)

- Specific JD
- AACI Standards
- Patient Safety
- Infectious control
- Fire safety
- Emergency Code
- Utilities
- QPS Program
- Quality Tools
- MR Concept/Tools

Other HP staff Credential (7.1)

Other HP staff Job assignment, JD (7.5)

Other HP Staff Individual Performance

Staff Health & Safety) 2nd
Victim, work place violence
Vaccination Program
Health promotion (7.9)

Personal Files

AACI

STANDARD 7 Staffing Management

- Documents defining the orientation process (7.5.)
- Documents defining the requirements for staff evaluations (7.8.)

7.4 Job Description (Responsibilities)

- Should be developed for all staff positions, to include:
  - ❑ clinical (MD, RN, Others)
  - ❑ support, and
  - ❑ contract
- Must contain requirements for:
  - ❑ Experience requirements
  - ❑ Educational requirements
  - ❑ Supervision (as indicated)
  - ❑ Physical requirements
  - ❑ Performance expectations (Evaluation)

AACI

7.5 Orientation

Must take place PRIOR TO employee functioning independently

Orientation addresses at least:

a) organizational structure;
b) patient confidentiality and ethics;
c) document control, retrieval and verification (specific to policies, procedures, and work instructions/ protocols);
d) internal reporting requirements for adverse patient events;
e) patient safety;
f) operation of equipment, including medical devices, in a safe manner;
g) other issues as required by the healthcare organization and national and regulatory requirements.

AACI

7.8 Staff Evaluation

Policy and procedure Ⓟ to evaluate performance and competency at least once per calendar year. Are they performed on time?

Evaluation must include #objective measurement indicators that address:

a) Variation and outcomes while performing High risk, low-volume procedures,
b) performance involving new technology, equipment, & processes
c) Customer satisfaction feedback
d) Scheduled training session outcomes
e) Staff learning needs assessments, feedback-including input from the medical staff
f) Requirements of national and local legislation and regulations as applicable
g) Other indicators as determined by the healthcare organization.

AACI

7.9 Health Promotion

HEALTH PROMOTION

NEW

- **Policy and Procedures**
  - Individual Health Maintenance
  - Disease prevention
  - Staff Workload monitoring
- Intervention and/or rehab relating substance abuse (alcohol, tobacco/addictive substances)
- Wellness dimension – (Diet/Exercise/Acute illness/Stress management, etc.) – Psychosocial needs – Confidential pathways
- Injuries on/or off the job – Job Hazard

2025

American Accreditation Commission International

Standard.8 Medical Staff

8.1 General
8.2 MS organization, Accountability, and Responsibility
8.3 Qualification Description of the Medical Staff
8.4 Performance Data
8.5 Continuing Education
8.6 Clinical Privilege
8.7 Temporary Clinical Privilege
8.8 Disciplinary or rehabilitation Action
8.9 History and Physical
8.10 Consultation

STANDARD 8 Medical Staff

- Documents defining monitoring and measuring of physician performance data (see 8.4.)
- Be prepared to review required data of up to 5% of the credentialed physicians on your medical staff (8.6.)
- Documentation of a policy determining when a consultation is required (8.10)

AACI

8.4 Performance Data

8.4.1 The healthcare organization in concert with medical staff shall produce practitioner specific performance data to be measured, monitored, and reviewed at appropriate intervals not to exceed 2 years. Correction and corrective actions shall be taken as necessary when variation is present and/or standard of care has not been met by peer review.
This process may include comparative and/or national data if available.

8.4.2 Areas for monitoring as following but are not limited to;

a) blood use;
b) medication management: prescribing patterns, trends, errors and appropriateness;
c) narcotic and scheduled drug management;
d) surgical case review of appropriateness, justification, and outcome including comparison to national and international standards or research;
e) specific department indicators that have been defined by the medical staff;
f) moderate sedation outcomes;
g) anesthesia events;
h) appropriateness of care for non-invasive procedures/interventions;
i) utilization review data;
j) patient and other customer satisfaction;
k) significant deviations from established standards of practice;
l) timely and legible completion of patients' medical records;
m) the ability to interact with staff in a courteous, positive, and appropriate manner.

Results of this performance data review shall be considered by the MS and GB at the time of re-appointment to the medical staff (8.4.3)

AACI

8.6 Clinical Privilege ⓅⒹ

8.6.1. organization shall establish a written procedure for granting clinical privileges.Ⓓ This procedure shall consider each practitioner's applicable scope of practice or privileges. This procedure shall also address temporary clinical privileges (see section 8.7)

8.6.2 ***Revision of Clinical Privilege shall be made for a period not to exceed 3 (three) years ***

8.6.3 There shall be a provision in the healthcare organization for a mechanism to ensure that all individuals with clinical privileges provide services limited to the scope of those granted. In a given request for privileges the components of practitioner qualifications and demonstrated competencies shall include:

a) evidence of current licensure;
b) evidence of training and professional education;
c) documented experience;
d) a valid contract of employment if applicable;
e) supporting references of competence as required by credentialing policy.

8.6.4 In the appointment and reappointment process – shall review individual performance data and determine if additional training or proctoring may be required before specific clinical privileges are continued or granted

8.6.7 The organization shall ensure that the appropriate patient care area and departments are informed of the privileges granted to the practitioner.

AACI

Example: Privilege/Re-Privilege

ชื่อแพทย์.....เลขที่ใบอนุญาต.....

สาขา .....General medicine.(Endocrinologist) อายุรศาสตร์ต่อมไร้ท่อ.....วันที่เริ่มงาน .....

Privilege Delineation Form

Requested	แพทย์ขอสิทธิ์รักษา		ผลพิจารณาโดยผู้อำนวยการแพทย์		
Core Privilege Requested	Apply	Volume Required/Year	Approved	Unapproved	Approved with Condition
General Medicine:					
General medicine Privilege is included*					
Peripheral venipuncture					
Minor burn care					
Simple debridement					
EKG interpretation					
Thoracocentesis					
Abdominal paracentesis					
Bone marrow biopsy					
Liver Biopsy					
Lumbar puncture					
Arterial puncture					
Endocrine:					
Privilege to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with illness, injuries or disorders of the endocrine or metabolic systems, including DM, Thyroid disorder.					
Thyroidectomy, Biopsy					
Thyroid ultrasound (Anatomic evaluation of thyroid/Parathyroid masses and regional lymph nodes)		5 Cases			
Ultrasound-guided FNA Biopsy					
Use of Fluoroscopy equipment					
Admit, treat, evaluate or provide follow-up care for patients ages 14 years or above					
Basic Life support					
Needle aspiration of the thyroid		5 Cases			
Bone Biopsy		3 Cases			
Central Venous Catheter Insertion (Placement and removal)		3 Cases			
Additional Privilege Requested	**Apply**	**Volume Required/Year**	**Approved**	**Unapproved**	**Approved with Condition**
Administration of Sedation (according to Hospital Sedation policy)					
Emergency (ACLS)					

Requested By.....MD.

(.....)

Effective Date.....

Privilege granted
Within org's scope
Of services

Initial Privilege

Initial Privilege Requirement (กรอกช่องนี้สำหรับขอสิทธิ์การรักษาครั้งแรก)	Doctor's Picture
☐ Bachelor Degree of Medicine (Thai/Abroad)	
☐ Medical Practice License	
☐ Related Diplomate board.....	
☐ Related Certifications.....	
☐ Other document(s).....	

Re-Privilege/Re-appointment (every 3 years)

☐ **Renewal Privilege Requirement (กรอกช่องนี้ สำหรับการพิจารณาทบทวน และให้สิทธิ์ครั้งต่อไป)**

1) Required Credentials are verified and kept current (ทวนสอบใบประกอบโรคศิลป์ ผ่านทาง Website แพทยสภา)
Result: ☐ Acceptable ☐ Unacceptable

2) Result of Ongoing monitoring and evaluation are acceptable (ใช้ผลการประเมินประจำปีของแพทย์ จำนวน 3 ปีเพื่อพิจารณาต่อสิทธิ์การรักษา)
Result: ☐ Acceptable ☐ Unacceptable

3) Physical and Mental ability to perform privilege request (พิจารณาจากผลการตรวจร่างกายประจำปี และการสัมภาษณ์โดยผู้อำนวยการแพทย์)
Result: ☐ Acceptable ☐ Unacceptable

4) Volume of Experience with acceptable results

Required	Experience (High Risk Procedure)	Volume requirement/ 3 year		Accept	Unacceptable
		Expected	Actual		
	Needle aspiration of thyroid	15	30		
	Bone Biopsy	9	5		

Comment: ทบทวนเคสผู้ป่วย Bone biopsy ของแพทย์ XXX จำนวน 5 ราย เนื่องจากที่ผ่านมา จำนวนผู้ป่วยมีปริมาณที่ลดลง แต่จากการทบทวน Peer review ผู้ป่วยทั้ง 5 ราย ผลปรากฏว่า ไม่มี complication ใด ๆ มีพิจารณาอนุมัติสิทธิ์การรักษาตามเดิม และแนะนำให้มีการปฏิบัติในหัตถการ Bone Biopsy มากขึ้น และต้องทำ Peer review ต่อ

Approved By

Medical Director	Chief Executive Officer
(.....)	(.....)
Date.....	Date.....

AACI

2025

Standard.9
Nursing Services

American Accreditation Commission International

9.1 General
9.2 Personnel
9.3 Staffing and Delivery of Care
9.4 Licensure
9.5 Planning

Accredited Organisation 2022-2026 | Accredited Standards 2023-2027 | Accredited Surveyor Training Programme 2024-2028

STANDARD 9 Nursing Services

- Show us documentation of the organizational authority within the nursing service to include delineation of responsibilities for delivery of patient care (9.1)
- Be prepared to review required data of up to 5% of the credentialed nurses on your nursing staff (9.4.)
- Show us your policy to provide a nursing plan of care for each patient within 24 hours of admission (9.5.1)

AACI

Nursing care plan (9.5)

Initial Patient assessment (standard 9.5.2 ; a - h)ⓅⒹ

On-going assessment

Establish Care plan (standard 9.5.3) ⓅⒹ

On-going assessment

Re-assessment (standard 9.5.4) ⓅⒹ

On-going assessment

Review/revise care plan + Hand-off*** ⓅⒹ

Specialized qualification and competence (9.5.6)

Adequate numbers of Clinical nursing (9.5.7)

- FT/PT
- Trainee
- Contracted/volunteers

9.5 Planning

Nursing assessment shall include but not limited to;

a) Allergies
b) Admitting diagnosis
c) History and current level of pain
d) Pre-existing and other co-morbidities or relevant conditions
e) Current medications including dose and frequency including any illicit drugs
f) ADL needs
g) Dietary requirements
h) Other requirements as per organization nursing policies

Patient Centered Care Education

NEW

Shall included but not limit to;

a) Tobacco abuse
b) Alcohol abuse
c) Opioid and other recreational drug abuse
d) Dietary control relative to Obesity/Hyperlipidemia, etc
e) Stress management and exercise
f) hypertension

Healthcare facility shall offer and/or provide Education to promote health and wellbeing

AACI

2025

American Accreditation Commission International

Standard.10
Risk Management

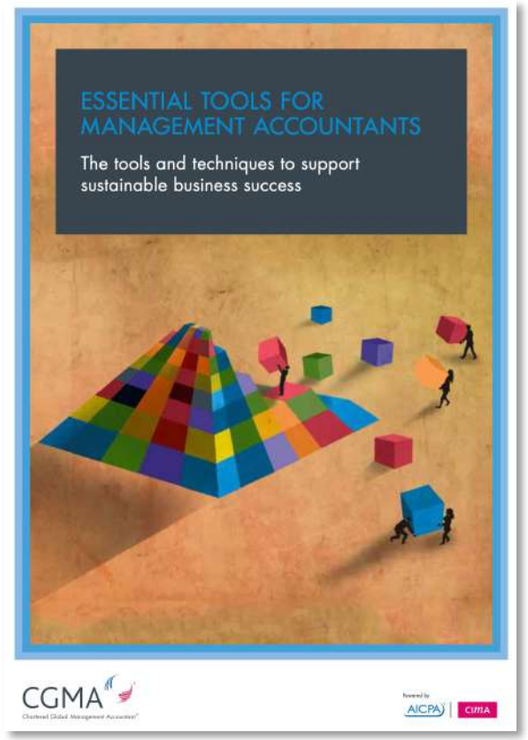
10.1 Planning, Assessment, and Treatment
10.2 Monitoring and Review
10.3 Reporting

STANDARD 10 Risk Management

- Risk Assessment Plan (10.1)
- Risk Reporting and Register (10.3)

AACI

ERM: Enterprise Risk Management



Source: *How to Communicate Risks Using Heat Maps*, CGMA

ERM Risk Domains

- Operational
- Clinical/ Patient Safety
- Strategic
- Financial
- Human Capital
- Legal/ Regulatory
- Technology
- Hazard

What type of risks should define method

10.1.3 This process shall establish methods to define, record, analyze and learn from Incidents that impact patient safety, including but not limited to:

a) Medical Errors and adverse patient events;
b) Patient "near-miss";
c) Sentinel events;
d) MEDICATION* errors to include improper preparation and/or labeling, administration, and other related potential risk generating practices (see also 21.2.2. and 21.2.3.);
e) Opiate associated mal-occurrences;
f) Low volume, High risk procedures; (CPG, Clinical protocol, eg. Blood, anesthesia, sedation, etc)
g) Other risk, acute or long term, to patient or FACILITY* as determined necessary;
h) Grievance and other claims;
i) INFECTION* prevention and control issues as described in STANDARD 22.

DEFINITION

RECORD

ANALYZE

CQI

AACI

Timely Report to Top Management

a) review and analyze the associated results;
b) develop action plans and to implement changes as deemed necessary including determined corrections or corrective actions as needed;
c) monitor and measure the results of changes to ensure desired outcomes;
d) consider opportunities to improve and enhance related processes within the healthcare organization;
e) inform patients and or their families of adverse events or medical errors as required;
f) manage associated claims as required by this standard or national law.

NOTE 1 There are many defined methodologies and approaches available for conducting hazard identification, risk assessment and control and the approach taken will vary depending upon the nature of the situation and the level of detail required.

NOTE 2 To use this or similar tools effectively, the healthcare organization's leaders must adopt and learn the approach, to agree on a list of high-risk processes in terms of patient and staff safety, and then to use the tool on a priority risk process. Following analysis of the results, the healthcare organization's leaders take action to redesign the process or similar actions to reduce the risk in the process. This risk-reduction process is carried out at least once per year and documented.

AACI

Module II

Patient Focused Care Standards

2025

AACI Accreditation Standards

Module II (16 Chapters 74 Standards)

American Accreditation Commission International

Patient Focused Care Standards

- 11. Patient Rights (13)
- 12. Planning, Admission, and Discharge (4)
- 13.Outpatient Services (3)
- 14. Surgical Services (6)
- 15. Anesthesia Services (5)
- 16. Emergency Services (4)
- 17.Obstetrics Services (2)
- 18. Radiologic and Nuclear Medicine Services (6)
- 19. Psychiatric and Behavioral Services (3)
- 20. Rehabilitation Services (4)
- 21. Pharmaceutical services (7)
- 22. Infection Prevention (2)
- 23. Medical Records (6)
- 24. Laboratory Services (4)
- 25. Pathology (4)
- 26. Organ, Tissue & Eye Procurement (1)

ISQuaEEA Accredited Organisation 2022-2026

ISQuaEEA Accredited Standards 2023-2027

ISQuaEEA Accredited Surveyor Training Programme 2024-2028

2025

AACI
American Accreditation
Commission International

STANDARD 11
Patient's Rights

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 11 Patient's Rights

- Show us document of your written notice of patient rights (11.1)
- Show us a document and process for obtaining inform consent (11.2)
- Show us four patient records with the complete inform consent (11.2)
- Show us a document defining your process of patient grievance (11.3)
- Be prepared to discuss and demonstrate your process/practice around language services (11.4)
- Be prepared to discuss and demonstrate your process/practice around privacy, safety, abuse, patient property and confidentiality of patient records (11.5-11.10)
- Show us a document and process for restraint and seclusion (11.11-11.13)
- Show us a document of aggregate data analyzed in order to prevent prolonged restraint (11.14)

AACI

11.1 General

1. Protect Patient’s rights
2. Notice written of patient rights
3. Right to participate in plan of care
4. Advanced directive
5. Decisions in transfer & discharge
6. Respect and dignity : cultural, dietary, and spiritual
7. Visitation right

Staff members shall be trained on the policies and procedures and their role in supporting patient and family participation in care processes.

แพทยสภา สภาการพยาบาล สภาเภสัชกรรม กระทรวงสาธารณสุข ทันตแพทยสภา สภากายภาพบำบัด สภาการสาธารณสุขชุมชน

คำประกาศสิทธิและข้อพึงปฏิบัติของผู้ป่วย

เพื่อให้ผู้ป่วยได้รับประโยชน์สูงสุดจากกระบวนการ และตระหนักถึงความสำคัญของการให้ความร่วมมือกับผู้ประกอบวิชาชีพด้านสุขภาพ แพทยสภา สภาการพยาบาล สภาเภสัชกรรม ทันตแพทยสภา สภากายภาพบำบัด สภาเทคนิคการแพทย์ และคณะกรรมการการประกอบโรคศิลปะ จึงได้ร่วมกันออกประกาศรับรองสิทธิและข้อพึงปฏิบัติของผู้ป่วย ไว้ดังต่อไปนี้

• สิทธิของผู้ป่วย •

1. ผู้ป่วยทุกคนมีสิทธิขั้นพื้นฐานที่จะได้รับการรักษาพยาบาลและการดูแลด้านสุขภาพตามมาตรฐานวิชาชีพจากผู้ประกอบวิชาชีพด้านสุขภาพโดยไม่มีการเลือกปฏิบัติตามที่บัญญัติไว้ในรัฐธรรมนูญ
2. ผู้ป่วยที่ขอรับการรักษาพยาบาลมีสิทธิได้รับทราบข้อมูลที่เป็นจริงและเพียงพอเกี่ยวกับการเจ็บป่วย การตรวจ การรักษา ผลที่และผลเสียจากการตรวจ การรักษาจากผู้ประกอบวิชาชีพด้านสุขภาพ ด้วยภาษาที่ผู้ป่วยสามารถเข้าใจได้ง่าย เพื่อให้ผู้ป่วยสามารถเลือกตัดสินใจในการยินยอมหรือไม่ยินยอมให้ผู้ประกอบวิชาชีพด้านสุขภาพปฏิบัติต่อตน เว้นแต่ในกรณีฉุกเฉิน อันจำเป็นเร่งด่วนและเป็นอันตรายต่อชีวิต
3. ผู้ป่วยที่อยู่ในภาวะเสี่ยงอันตรายถึงชีวิตมีสิทธิได้รับการช่วยเหลือรับส่วนจากผู้ประกอบวิชาชีพด้านสุขภาพโดยทันทีตามความจำเป็นแก่กรณี โดยไม่ต้องคำนึงว่าผู้ป่วยจะร้องขอความช่วยเหลือหรือไม่
4. ผู้ป่วยมีสิทธิได้รับทราบชื่อ สกุล และวิชาชีพของผู้ให้การรักษาพยาบาลตลอดเวลา
5. ผู้ป่วยมีสิทธิขอความเห็นจากผู้ประกอบวิชาชีพด้านสุขภาพอื่นที่มิได้เป็นผู้ให้การรักษาพยาบาลแก่ตน และมีสิทธิในการขอเปลี่ยนผู้ประกอบวิชาชีพด้านสุขภาพหรือเปลี่ยนสถานพยาบาลได้ ทั้งนี้เป็นไปตามหลักเกณฑ์ของสิทธิการรักษาของผู้ป่วยที่มีอยู่
6. ผู้ป่วยมีสิทธิได้รับการปกปิดข้อมูลของตนเอง เว้นแต่ผู้ป่วยจะให้ความยินยอมหรือเป็นการปฏิบัติตามหน้าที่ของผู้ประกอบวิชาชีพด้านสุขภาพ เพื่อประโยชน์โดยตรงของผู้ป่วยหรือตามกฎหมาย
7. ผู้ป่วยมีสิทธิได้รับทราบข้อมูลอย่างครบถ้วนในการตัดสินใจเข้าร่วมหรือถอนตัวจากการเป็นผู้เข้าร่วมหรือผู้ถูกทดลองในการทำวิจัยของผู้ประกอบวิชาชีพด้านสุขภาพ
8. ผู้ป่วยมีสิทธิได้รับทราบข้อมูลเกี่ยวกับการรักษาพยาบาลเฉพาะของคนที่ปรากฏในเวชระเบียนเมื่อร้องขอตามขั้นตอนของสถานพยาบาลนั้น ทั้งนี้ข้อมูลดังกล่าวต้องไม่เป็นการละเมิดสิทธิหรือข้อมูลส่วนบุคคลของผู้อื่น
9. บิดา มารดา หรือผู้แทนโดยชอบธรรม อาจใช้สิทธิแทนผู้ป่วยที่เป็นเด็กอายุยังไม่เกินสิบแปดปีบริบูรณ์ ผู้บกพร่องทางกายหรือจิต ซึ่งไม่สามารถใช้สิทธิด้วยตนเองได้

• ข้อพึงปฏิบัติของผู้ป่วย •

1. ลอบถามเพื่อทำความเข้าใจข้อมูลและความเสี่ยงที่อาจเกิดขึ้นก่อนลงนามให้ความยินยอม หรือไม่ยินยอมรับการตรวจวินิจฉัยหรือการรักษาพยาบาล
2. ให้ข้อมูลด้านสุขภาพและข้อเท็จจริงต่างๆ ทางการแพทย์ที่เป็นจริงและครบถ้วนแก่ผู้ประกอบวิชาชีพด้านสุขภาพในกระบวนการรักษาพยาบาล
3. ให้ความร่วมมือและปฏิบัติตัวตามคำแนะนำของผู้ประกอบวิชาชีพด้านสุขภาพเกี่ยวกับการรักษาพยาบาล ในกรณีที่ไม่สามารถปฏิบัติตามได้โต้แจ้งผู้ประกอบวิชาชีพด้านสุขภาพทราบ
4. ให้ความร่วมมือและปฏิบัติตามระเบียบข้อบังคับของสถานพยาบาล
5. ปฏิบัติต่อผู้ประกอบวิชาชีพ ผู้ป่วยรายอื่น รวมทั้งผู้ที่มาเยี่ยมเยียน ด้วยความสุภาพให้เกียรติและไม่กระทำสิ่งที่รบกวนผู้อื่น
6. แจ้งสิทธิการรักษาพยาบาลพร้อมหลักฐานที่ตนมีให้เจ้าหน้าที่ของสถานพยาบาลที่เกี่ยวข้องทราบ
7. ผู้ป่วยพึงรับทราบข้อเท็จจริงทางการแพทย์ ดังต่อไปนี้
   7.1 ผู้ประกอบวิชาชีพด้านสุขภาพที่ได้ปฏิบัติหน้าที่ตามมาตรฐานและจริยธรรม ย่อมได้รับความคุ้มครองตามที่กฎหมายกำหนดและมีสิทธิได้รับความคุ้มครองจากการถูกกล่าวหาโดยไม่เป็นธรรม
   7.2 การแพทย์ในที่นี้ หมายถึง การแพทย์แผนปัจจุบันซึ่งได้รับการพิสูจน์ทางวิทยาศาสตร์ โดยองค์ความรู้ในขณะนั้นว่ามีประโยชน์มากกว่าโทษสำหรับผู้ป่วย
   7.3 การแพทย์ไม่สามารถให้การวินิจฉัย ป้องกัน หรือรักษาให้หายได้ทุกโรคหรือทุกสภาวะ
   7.4 การรักษาพยาบาลทุกชนิดมีความเสี่ยงที่จะเกิดผลข้างเคียงไม่พึงประสงค์ได้ นอกจากนี้ เหตุสุดวิสัยอาจเกิดขึ้นได้ แม้ผู้ประกอบวิชาชีพด้านสุขภาพจะใช้ความระมัดระวังอย่างเพียงพอ ตามภาวะวิสัยและพฤติการณ์ในการรักษาพยาบาลนั้นๆ แล้ว
   7.5 การตรวจเพื่อการคัดกรอง วินิจฉัย และติดตามการรักษาโรค อาจให้ผลที่คลาดเคลื่อนได้ด้วยข้อจำกัดของเทคโนโลยีที่ใช้ และปัจจัยแวดล้อมอื่นๆ ที่ไม่สามารถควบคุมได้ตามมาตรฐานการปฏิบัติงาน
   7.6 ผู้ประกอบวิชาชีพด้านสุขภาพมีสิทธิใช้ดุลพินิจในการเลือกกระบวนการรักษาพยาบาลตามหลักวิชาการทางการแพทย์ ตามความสามารถและข้อจำกัดตามภาวะวิสัยและพฤติการณ์ที่มีอยู่ รวมทั้งการปรึกษาหรือส่งต่อโดยคำนึงถึงสิทธิและประโยชน์โดยรวมของผู้ป่วย
   7.7 เพื่อประโยชน์ต่อตัวผู้ป่วย ผู้ประกอบวิชาชีพด้านสุขภาพอาจให้คำแนะนำหรือส่งต่อผู้ป่วยให้ได้รับการรักษาตามความเหมาะสม ทั้งนี้ผู้ป่วยต้องไม่อยู่ในสภาวะฉุกเฉินอันจำเป็นเร่งด่วนและเป็นอันตรายต่อชีวิต
   7.8 การปกปิดข้อมูลสำคัญสุขภาพ และข้อเท็จจริงต่างๆ ทางการแพทย์ของผู้ป่วยต่อผู้ประกอบวิชาชีพด้านสุขภาพ อาจส่งผลเสียต่อกระบวนการรักษาพยาบาล
   7.9 ห้องฉุกเฉินของสถานพยาบาล ใช้สำหรับผู้ป่วยฉุกเฉินอันจำเป็นเร่งด่วนและเป็นอันตรายต่อชีวิต

ประกาศ ณ วันที่ 12 เดือนสิงหาคม พ.ศ. 2558

(นพ.เรวัตร์ อดเหมราพัฒน์)
นายกสภาเภสัชกรรม
ประธานคณะกรรมการการประกอบโรคศิลปะ

(ศาสตราจารย์เกียรติคุณ นพ.สมศักดิ์ โล่ห์เลขา) นายกแพทยสภา
(รองศาสตราจารย์ ดร.สัดมา บุญกอง) นายกสภาการพยาบาล
(รองศาสตราจารย์พิเศษ ภก.ภิรดี พิทักษ์นิติ์นันท์) นายกสภาเภสัชกรรม
(พันตแพทย์ ธรณินทร์ จรัสจรุงเกียรติ) นายกทันตแพทยสภา
(ผู้ช่วยศาสตราจารย์ พ.ภานุพา ชัยกิจกุล) นายกสภากายภาพบำบัด
(รองศาสตราจารย์ พบ.สมชาย วิริยะสุขกร) นายกสภาเทคนิคการแพทย์

11.2 Informed Consent

1. The healthcare organization shall have a documented process for obtaining consent throughout its scope of services.
2. The healthcare organization shall identify procedures that require a written consent to include but not limited to:
   a) surgery;
   b) high-risk procedures;
   c) sedation and anesthesia;
   d) blood transfusion;
   e) participation in research projects;
   f) filming or videotaping.
   g) organ procurement.

AACI

Informed consent

- Medical staff specifies which procedures require informed consent surgery; high-risk sedation and anesthesia; blood transfusion; participation in research projects; filmin videotaping.

- **Except for emergencies,** All patients under going these specified procedures compl a consent form that contains:

a) name of patient, and when appropriate, patient's legal guardian;
b) name of healthcare organization;
c) name of specific procedure(s) or medical treatment);
d) name of the responsible practitioner who is performing the procedure(s) or administ medical treatment;
e) a statement by the patient that risks, benefits, and alternatives to the procedure hav explained by their practitioner and that their questions have been answered to their
f) date and time consent is completed by the patient or the patient's legal representat include an appropriate signature;
g) date and time the consent is completed by practitioner including an appropriate sign

AACI

Informed Consent-continued

Surveyors should:

- Verify that the medical staff has specified which procedures or treatments require a written informed consent
- Verify that medical records contain consent forms for all procedures or treatments as required by hospital policy
- In a sampling of patient records, review and validate that consent forms are properly executed and contain at least the information identified above

Restraint and/or Seclusion

- A ***restraint*** is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.
- A restraint does **not** include
  - devices, such as orthopedically prescribed devices,
  - surgical dressings or bandages,
  - protective helmets, or
  - other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests,
  - or to protect the patient from falling out of bed,
  - or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

AACI

Commonly Used Restraints

Limb/wrist
Restraint

Vest
Restraint

A patient who cannot sit up requires extra vigilance.

Aspiration could occur with vomiting

Monitor closely and be prepared to intervene at the first sign of danger

AACI

Chemical restraint

- A drug or medication that is not being used as a standard treatment for the patient's medical or psychiatric condition, and that results in restricting the patient's freedom of movement would be a drug used as a restraint
- Drugs or medications that are used as part of a patient's standard medical or psychiatric treatment, and are administered within the standard dosage for the patient's condition, would not be subject to the requirements of standard including:

a) sleeping medication prescribed for patients with insomnia,
b) anti-anxiety medication prescribed to calm a patient who is anxious,
c) analgesics prescribed for pain management

AACI

11.16 Order for Restraint or Seclusion

2. Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed in accordance with the following limits for up to a total of 24 hours:
    2. a) 4 hours for adults 18 years of age or older;
    3. b) 2 hours for children and adolescents 9 to 17 years of age;
    4. c) 1 hour for children under 9 years of age.
3. After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, physician who is responsible for the care of the patient and authorize to order restraint or seclusion by the healthcare organization policy i accordance with applicable laws or regulations shall see and assess and document the findings on the patient record.

AACI

2025

AACI
American Accreditation Commission International

STANDARD 12
Planning
Admission
Discharge

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 12 Planning, Admission, and Discharge

- Show us a documented discharge planning process (12.3)
- Show us how your healthcare organization reviews and evaluates this process for quality assurance (12.4)

AACI

12.1 General

1. The healthcare organization shall have documented processes to obtain and control information relative to patient:
   a) pre-admission;
   b) admission;
   c) plan of care (see STANDARD 9.5);
   d) discharge planning.
2. Outputs shall become part of the patient medical record (see STANDARD 23).
3. In the admission and discharge process, the healthcare organization shall screen, identify, and re-evaluate high-risk patient likely to require special care related to:
   a) functional status;
   b) cognitive ability of the patient;
   c) family support and in-home care;
   d) psycho-social needs relative to the admitting diagnosis.
4. Evaluation of the above processes shall be required as per STANDARD 4.

AACI

12.2 Planning and Admission

1. All admission shall be on the direct order of a credentialed medical staff member or their legal agent.
2. The healthcare organization shall ensure that this process defines:
    a) a system for multistage patient identification using healthcare organization generated documents (wrist band, etc.), patient provided name and birth date, or other reliable methodology including third party identification if necessary;
    b) patient identification as defined above shall be determined and confirmed prior to any admission and/or process within the healthcare organization.
3. The healthcare organization shall provide patients and/or family a documented list of patient rights (see 11.1.2.) and be responsible for answering all question prior to admission except by waiver or in case of emergencies.
4. The healthcare organization shall screen and identify all high-risk patients who are likely to require post discharge care in specialty or other step-down facilities at an early stage of admission, and/or pre-admission.

NOTE 1 *In some cases, process timing may be exceeded subject to the availability of specific specialty consultation on a patient.*

12.3 Discharge

1. The healthcare organization shall provide a discharge planning evaluation to the patients upon the patient's request, the request of a person acting on the patient's behalf, or the request of the physician.
2. A registered nurse, social worker, or other LIP shall develop and supervise the development of the evaluation.
3. The healthcare organization's ability to meet discharge planning requirements shall be based on the following:
    a) implementation of need for individual patients including those identified with high-risk criteria;
    b) maintenance of a file on community-based services and facilities including long term care, sub- acute care, home care or other appropriate levels of care to which patients can be referred;
    c) coordination of the discharge planning evaluation among various disciplines responsible for patient care;
    d) patients are included in the planning of their discharge or referral (See 12.4).

AACI

12.4 Patient Transfer or Referral

1. When required the healthcare organization shall transfer or refer patients to appropriate facilities, other departments or units, agencies, or outpatient services, as needed for follow up or ancillary care. The healthcare organization shall consider:
    a) escort for the patient;
    b) essential medical history;
    c) medications;
    d) essential equipment;
    e) verbal/written handover requirement
    f) any other relevant information regarding the patient's current statu
    g) other documentation requirements.

AACI

2025

AACI

American Accreditation
Commission International

STANDARD 13
Outpatient Services

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 13 Outpatient Services

- Be prepared to discuss scope of Services and Quality Monitoring or Measures of Outpatient Services (13.1)
- Be prepared to discuss your outpatient services and document the credentials of the person responsible for this services (13.2)
- Evidence of communication between Outpatient Services with another departments (13.2)

AACI

13.1 General

1. If the healthcare organization provides outpatient services, all service provision, providers, equipment, and facilities shall be consistent in quality with those of inpatient services. These shall be in keeping with standard of practice and care.
2. Outpatient services shall be integrated into its healthcare organization management system.

- NOTE 1 Acceptable standards of practice include standards that are set forth applicable laws and regulations, or guidelines, as well as standards and recommendations promoted by nationally and internationally recognized professional organizations.

AACI

13.2 Organization

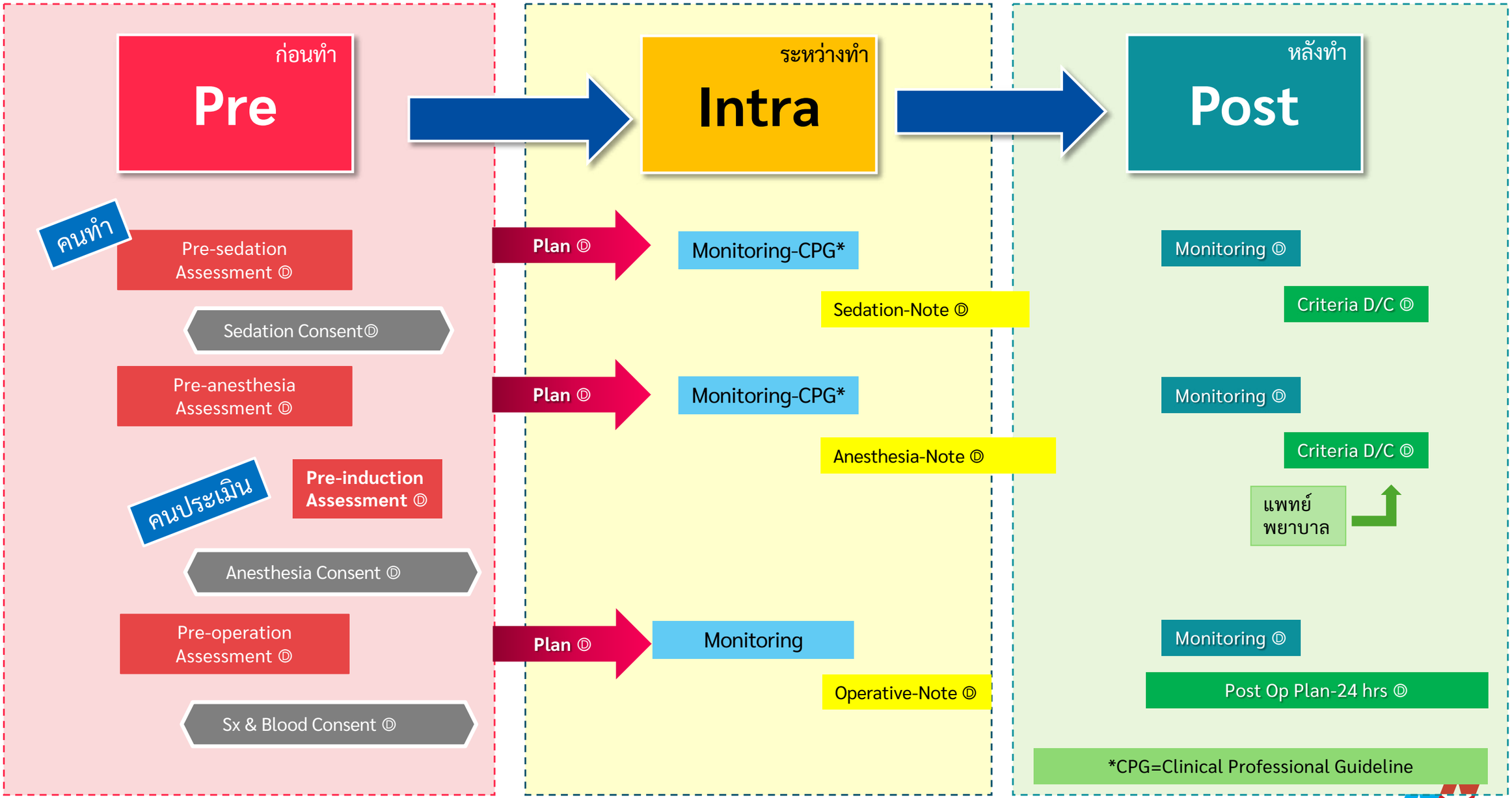
1. The healthcare organization shall assign a Director of outpatient services who shall direct the overall operation of outpatient services and location.
2. The organization shall provide any required, appropriate support personnel.
3. The healthcare organization's outpatient services shall be appropriate to the scope and complexity of services offered and required support.
4. The outpatient director shall establish written policies to provide continuity of care to its outpatients. These policies shall include top management communication between corresponding outpatient and inpatient services.

AACI

Outpatient Services

- Verify the extent of outpatient services provided; and,
- Verify that the outpatient services are organized in a manner appropriate to the scope and complexity of services offered.
- Review medical records of outpatients who were later admitted to the hospital in order to determine that pertinent information form the outpatient record has been included in the inpatient record.
- Verify that outpatient services are integrated into the hospital's quality management system oversight.

AACI



AACI

2025

AACI
American Accreditation
Commission International

STANDARD 14
Surgical Services

ISQuaEEA Accredited Organisation 2022-2026
ISQuaEEA Accredited Standards 2023-2027
ISQuaEEA Accredited Surveyor Training Programme 2024-2028

Standard 14 Surgical Services

- Document the individual responsible for surgical services with his/her credentials and qualifications (14.1)
- Document the scope of service and scope of practices provided by your healthcare organization (14.2)
- Show us all credentialed surgeons and their list of procedure credentialed (14.2)
- Show us your written policy and procedures for operating room (14.3.2)
- Demonstrate that your operating rooms record as per required (14.4)
- Demonstrate that your Post-surgical Anesthesia Care as per required (14.5)
- Demonstrate that your operating report and document as per required (14.6)

AACI

14.3 Surgical Services

Policy and Procedure for:

a) Aseptic/Sterile surveillance & practice including scrub technique
b) Identification of infected and non-infected cases
c) Housekeeping requirements and/or procedures
d) Duties of scrub tech's and circulating nurse
e) Surgical counts and prevention of retained foreign bodies
f) Scheduling patients for surgery
g) Resuscitative techniques

14.3 Delivery of Service

Policy and Procedure for:

- How to address DNR status when indicated
- Care of surgical specimens
- Malignant hyperthermia
- Sterilization and disinfection procedures
- Handling infections and biomedical/medical waste
- Specific or general protocols appropriate for all surgical procedures performed (including equipment & supplies)

AACI

14.4 Operating Room Record

Current register to include:

a) Patient’s name
b) Patient’s ID number
c) Date of procedure
d) Total time of procedure
e) Name of surgeon & assistant
f) Name of nursing personnel
g) Type of anesthesia
h) Procedure performed
i) Pre & post-op diagnosis

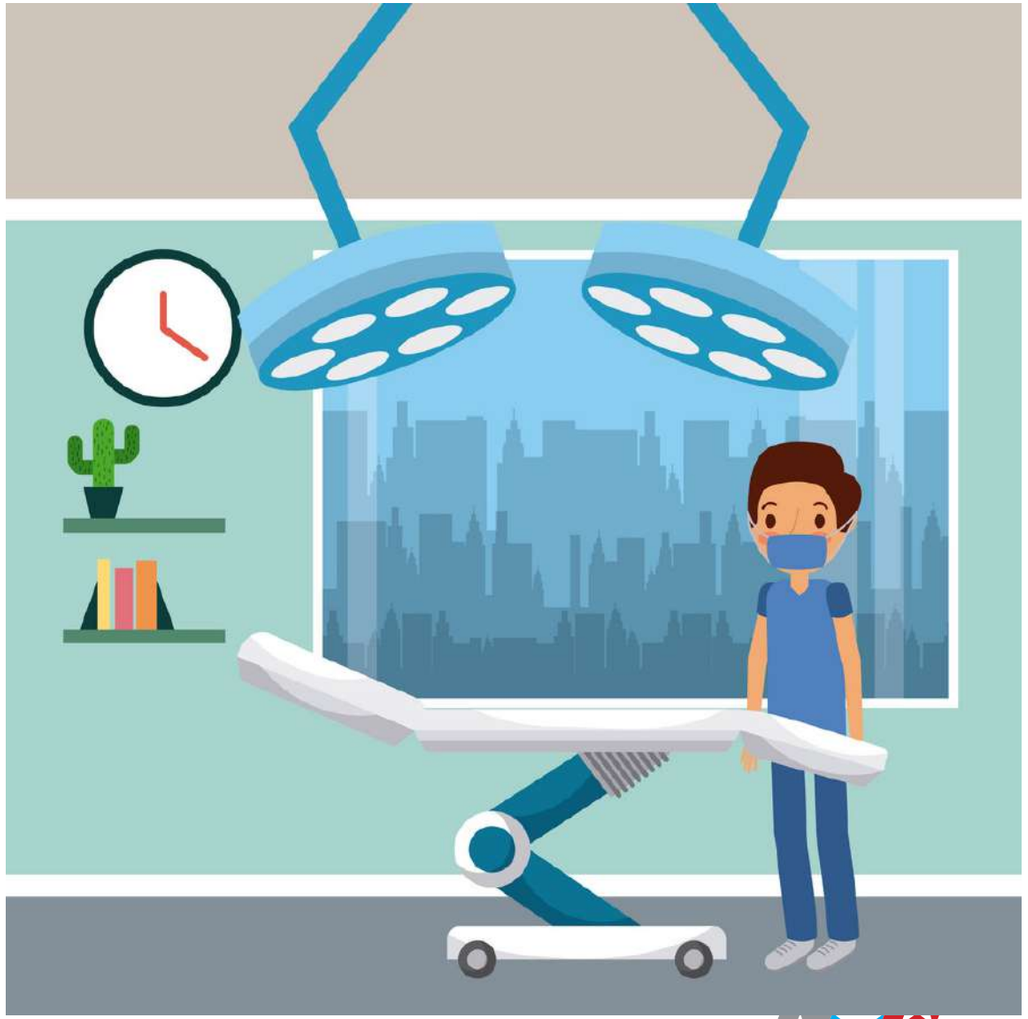
This record shall be retained as documented information.

14.5 Post-surgical Anesthesia Care

1. There shall be adequate provisions and facilities for immediate post-operative and post-anesthesia care. These shall be in accordance with acceptable standards of practice and include:
   a) the PACU shall be a self-contained and designated area of the healthcare organization;
   b) access shall be limited to authorized personnel;
   c) policies and procedures shall specify transfer requirements to and from the recovery room (See requirements of 4.1.3–4.1.5);
   d) depending on the type of anesthesia and length of surgery, these transfer requirements shall include parameters as determined by the anesthesia service or other relevant authority. (See 15.5.5. through 15.5.9.).

2. If patients are not transferred to the PACU, policies shall include provisions for appropriate observation until discharge to the next level of care. (The requirements of 14.6 and 4.1.3–4.1.5) shall apply).

3. PACU patients shall not be discharged in the absence of post-operative report containing the elements as required in 14.6.1. below. In the absence of said report an immediate post-operative evaluation containing the elements of 14.6.2. shall be recorded on the patient record.



AACI

14.6 Reporting and documentation

The immediate report must include:

a) name(s) of the surgeon(s) and assistants or other practitioners who performed surgical tasks (even when performing those tasks under supervision);

b) a description of those procedures done by each specific practitioner including:

   i. opening and closing;

   ii. harvesting of grafts;

   iii. dissecting, removing, or altering tissues;

   iv. implant or removal of any device;

c) pre-operative and post-operative diagnosis;

d) name of the specific surgical procedure(s) performed;

e) type of anesthesia administered;

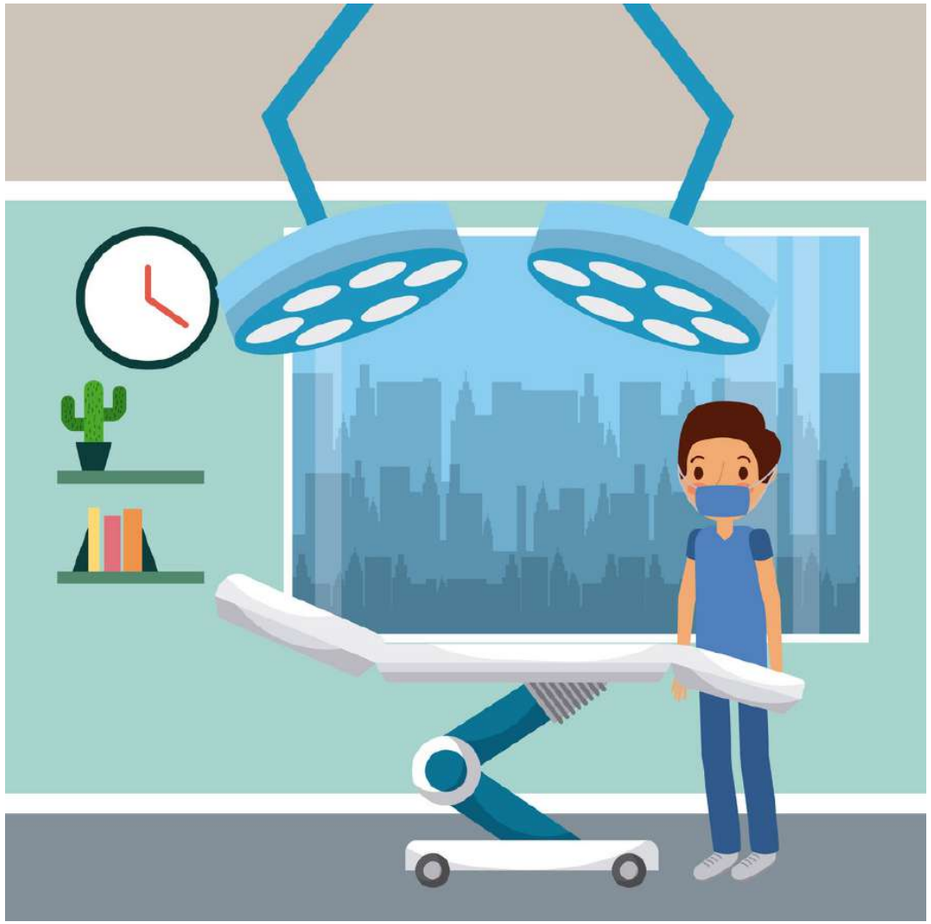
f) complications;

g) a description of techniques, findings, and tissues removed or altered;

h) prosthetic devices, grafts, tissues, transplants, or devices implanted, if any;

i) blood or blood products administered;

j) any other pertinent information potentially effecting immediate recovery care including requires for post-operative analgesia required by the Opiate Oversight and Use Committee of the medical staff.



AACI

2025

AACI
American Accreditation Commission International

STANDARD 15
Anesthesia Services

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 15 Anesthesia Services

Identify and provide the credentials for the director of anesthesia services (15.1)

Document the control for provision of conscious sedation within your healthcare organization (15.1.2)

Show us your most recent periodic review and evaluation of policies and procedures of the anesthesia service (15.3)

Show us four complete anesthesia records including pre-operative evaluation, provision of anesthesia service, post-operative evaluation, and PACU discharge (15.5)

AACI

15.1 General

1. If the healthcare organization furnishes anesthesia services, they shall be provided in a well-organized manner under the direction of a qualified Doctor of Medicine. The service is responsible for policy for delivery of all anesthesia and sedation administered in the healthcare organization.

- NOTE 1 Areas where anesthesia services are furnished may include but are not limited to:
  a) operating room suites, both inpatient and outpatient;
  b) obstetrical suites;
  c) radiology department;
  d) clinics;
  e) emergency department;
  f) psychiatry department;
  g) special procedure areas (endoscopy, pain management clinics, etc.).

AACI

15.5 Organization and Staffing

5. The policies shall ensure that the following are provided for each patient:
   a) patient consent consistent with the required elements of a consent as defined previously in Standard 11.2.4.d)-c), specifically addressing the documentation of direct physician and patient discussions of risk, benefit and alternatives;
   b) infection control measures;
   c) safety practices in all anesthetizing areas;
   d) protocol for supportive life functions;
   e) quality and outcome reporting requirements;
   f) documentation requirements;
   g) equipment requirements, as well as the monitoring, inspection, testing, and maintenance of
   h) anesthesia equipment in the healthcare organization's biomedical equipment program.

AACI

15.5 Organization and Staffing

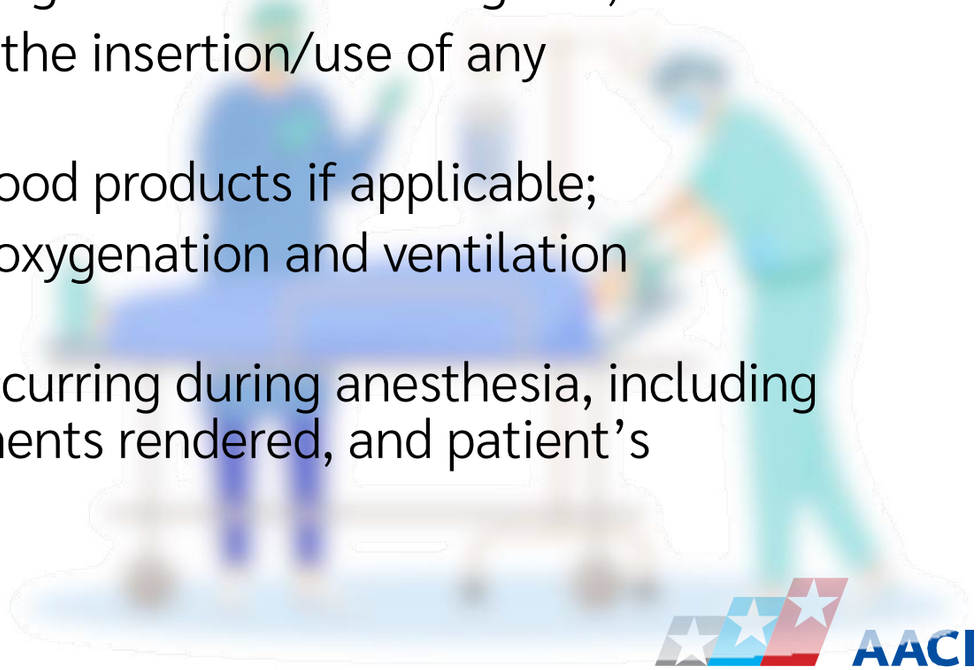
6. A pre-anesthesia evaluation shall:

a) include a review of the medical history;
b) include an interview and examination of the patient;
c) include a documented airway assessment;
d) include an anesthesia risk assessment such as an ASA risk classification;
e) include an anesthesia medication and allergy history;
f) utilize consultation data no older than 30 days in origin;
g) be performed within 48 hours prior to the patient's anesthetic induction.

AACI

15.5 Organization and Staffing

7. There shall be an intra-operative anesthesia record or report for each patient who receives general, regional or monitored anesthesia. Current standard of care stipulates that an intra-operative anesthesia record, at a minimum, includes:
   a) name and healthcare organization identification number of the patient;
   b) name(s) of practitioner(s) who administered anesthesia, and as applicable, the name and profession of the supervising anesthesiologist or operating practitioner;
   c) name, dosage, route and time of administration of drugs and anesthesia agents;
   d) techniques(s) used and patient position(s), including the insertion/use of any intravascular or airway devices;
   e) name and amounts of IV fluids, including blood or blood products if applicable;
   f) timed-based documentation of vital signs as well as oxygenation and ventilation parameters;
   g) any complications, adverse reactions, or problems occurring during anesthesia, including time and description of symptoms, vital signs, treatments rendered, and patient's response to treatment.



15.5 Organization and Staffing

9. The post-anesthesia evaluation shall be completed in accordance with National law and with healthcare organization policies and procedures that have been approved by the medical staff and that reflect current standards of anesthesia care. The elements of an adequate post-anesthesia evaluation shall be clearly documented and include:

a) respiratory function, including respiratory rate, airway patency, and oxygen saturation;
b) cardiovascular function, including pulse rate and blood pressure;
c) mental status;
d) temperature;
e) level of pain;
f) presence of nausea and/or vomiting;
g) hydration requirements ;
h) any additional type of monitoring or assessment as may be reasonably indicated by standard of care and the specific surgery or procedure performed including any requirement of the Opiate Oversight and Use Committee.

AACI

2025

AACI

American Accreditation
Commission International

STANDARD 16
Emergency Services

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 16 Emergency Services

- Be prepared to discuss emergency services including the medical care delivered i.e. scope of service (16.1)
- Identify and present the credentials of the individual who is the director of emergency services (16.1)
- Be prepared to discuss and demonstrate your staffing plan (16.2)
- Be prepared to discuss and demonstrate your process if emergency services are not provided (16.3)
- Be prepared to discuss and demonstrate your process referring emergencies that occur in off-campus departments (16.4)

AACI

16.1 General

4.Emergency Services integration shall include but are not limited to:

a) coordination and communication between the emergency department and other healthcare organization services/departments;

b) physical access for emergency department patients to the services, equipment, personnel, and resources of other healthcare organization departments/services;

c) the immediate availability of services, equipment, personnel, and resources of other organization departments/services to emergency patients;

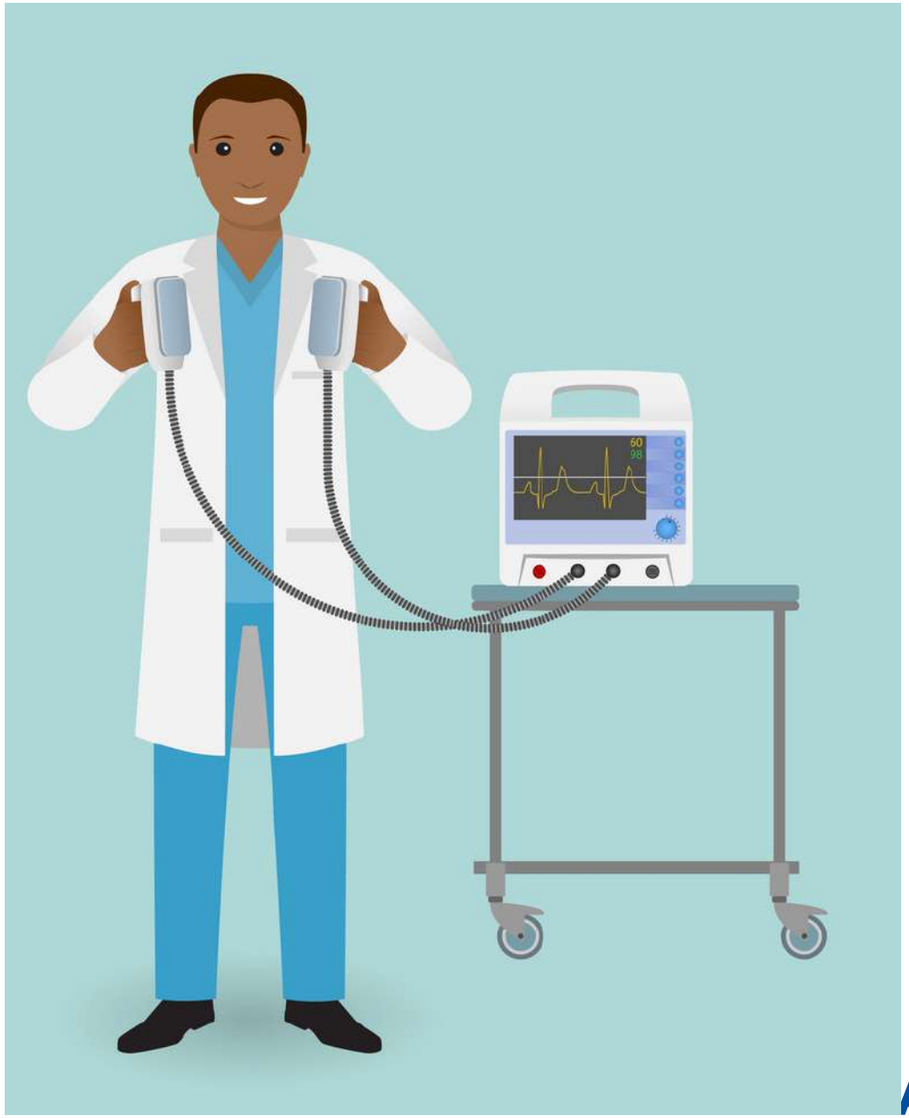
d) provision of care serving patients within the timeframes required by acceptable standards of emergency department practice;

e) discharge requirements as determined by the healthcare organization, this standard, and National law (See requirements of 4.1.4-4.1.7.)

AACI

16.2 Personnel

1. The healthcare organization shall ensure the emergency service personnel resources needs and requirements are met.
2. Appropriate medical and nursing staff shall be present to meet the emergency needs determined and defined by the healthcare organization defined scope of practice (see 7.3).
3. A qualified registered nurse (RN) shall perform triage upon a patient presenting to the emergency department.
4. The healthcare organization shall ensure that a qualified member of the medical staff is on premises and available to supervise the provision of emergency services at all times.
5. The healthcare organization shall have an emergency plan to address all resource needs including appropriate staffing levels during times of emergency/disaster.



ACI

16.3 Emergency Services Not Provided

1. If emergency services are not provided at the healthcare organization, the Governing Body shall assure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral when appropriate.

Emergency Services

Surveyor should check:

- Describe triage process
- Monitoring patients post triage
- Consistent moderate sedation
- Handling rape/abuse victims
- Process for imaging results after radiology closed
- Emergency management
- Procedures for handling mass casualty
- Translation
- Role of pharmacist in the ED

AACI

2025

American Accreditation Commission International

STANDARD 17 Obstetric Services

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 17 Obstetric Services

- Be prepared to discuss obstetric services (17.1)
- Identify and present the credentials of the individual who is the director of obstetric services (17.1.3)
- Show us your policy for decision related to caesarian section (17.1.2.b) iii)
- Be prepared to discuss related to high risk pregnancy (17.1.2 b)

AACI

17.1 General

1. If healthcare organization provides obstetric services these services shall be integrated within the scope of the services offered by the healthcare organization. The clinical processes shall meet recognized standards of care, regulatory, and national requirements.
2. The obstetrical services shall have policies and procedures in place which shall include but are not limited to:
    a) antenatal policies and procedures to reduce risk to mother and child including a combined multidisciplinary maternal fetal evaluation based on history, current physical status, environment of care, and psycho-social needs identified;

AACI

17.1 General

b) intrapartum policies and procedures in keeping with the standard of care as described above to include but not limited to:

i. care of women in labor;
ii. fetal monitoring;
iii. decisions relating to caesarean section;
iv. diagnosis and treatment of eclampsia;
v. diagnosis and treatment of shoulder dystocia;
vi. appropriate options related to operative vaginal delivery;
vii. prevention and treatment of post-partum hemorrhage including multidisciplinary consultation as required
viii. provision of anesthesia services as described below; care and management of severely ill women including potential transfer to a higher
ix. level of care if determined to be in the best interest of mother and child;
x. provision of opportunities for family or other support and participation in the delivery process;

AACI

17.1 General

c) postnatal policies and procedures in keeping with the standard of care as described above to include but not limited to:

i. immediate care of the mother and newborn;

ii. admission or transfer of the newborn to a neonatal unit or intensive care facility as required;

iii. newborn nutrition including consultation and support breast feeding and other potential dietary needs;

iv. discharge control to include appropriate counseling and instructions. This shall include education required to ensure ongoing maternal and fetal health. Of special note are medication and reappointment requirements.

AACI

Obstetric Services

- Triage assessment
  - Open medical record for all pts. seen (incl. pre-delivery)
- H&P
  - Prenatal record can substitute for H&P
  - Update note needed prior to delivery
- High risk populations – How is care different?
  - Teenage
  - Chemical dependency

OB Issues

- Staff competency
  - Fetal monitoring
  - NRP, (Neonatal resuscitation program) certification
  - ACLS (L&D) – similar to PACU
  - Similar to OR for those circulating and assisting sections
- Procedures
  - Malignant hyperthermia – procedures & availability of medication

2025

AACI
American Accreditation Commission International

STANDARD 18
Radiologic and Nuclear Medicine Services

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

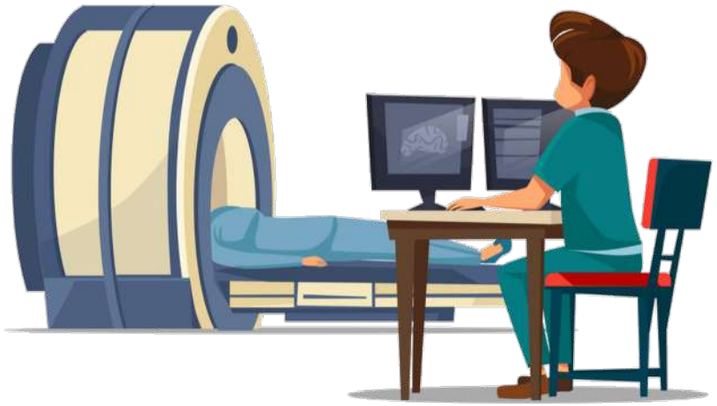
Standard 18
Radiologic and Nuclear Medicine Services

- Be prepared to discuss the scope of radiologic services (18.1.2)
- Show us your policy for labeling, use, transport, storage and disposal of radioactive materials (18.2)
- Show us your policy for the use of badge dosimeters within your healthcare facility for the protection of patients and providers (18.2.5)
- Show us a document where your department has identified and corrected faulty or otherwise improperly operating critical radiology equipment (18.3.4)
- Be prepared to discuss your requirements for maintaining radiology records (18.6)

AACI

18.1 General

1. If the healthcare organization provides diagnostic radiology services, this service shall meet professionally approved standards. In addition, the healthcare organization shall meet or exceed national law for radiation safety.
2. The scope of radiological services offered shall be specified in writing and approved by the medical staff and Governing Body. These services shall be effectively associated with the clinical operations of the healthcare organization and be readily available as required.
3. The healthcare organization's radiological services, including any contracted services, shall be integrated into its healthcare organization management system.
4. If the healthcare organization provides nuclear medicine services, this service shall meet professionally approved standards and national law for administration, nuclear medicine safety, and patient care. This shall include training and credentialing requirements for associated staff.
5. Therapeutic services shall be in accordance with acceptable standards of practice defined above as well as any standards and recommendations defined by the medical staff.



NOTE1 Radiological or nuclear medicine services may be provided by the healthcare organization directly or through an outsourced arrangement.

AACI

18.2 Safety for Patients and Staff

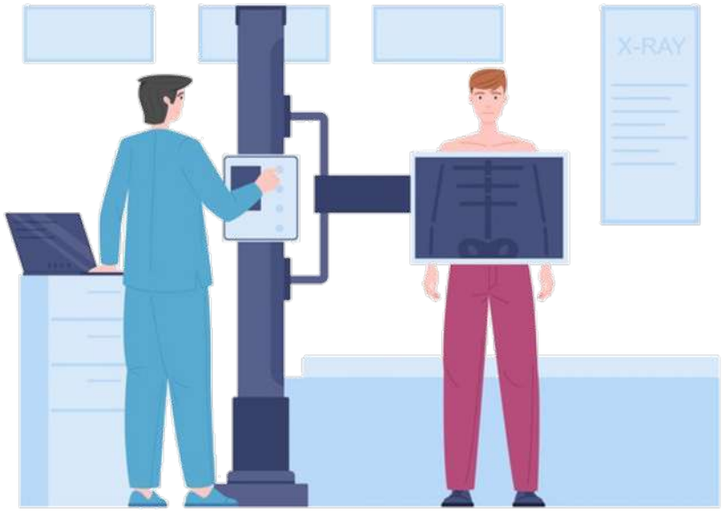
3. The healthcare organization policies and procedures shall address the safety standards for at least but not limited to:
    a) adequate shielding for patients, staff and facilities;
    b) labeling of radioactive materials, waste, and hazardous areas;
    c) transportation of radioactive materials between locations within the healthcare organization;
    d) securing radioactive materials, including determining limitations of access to radioactive materials;
    e) testing, maintenance, and calibration of equipment according to manufacturer's or healthcare organization's requirements and standards for prevention of radiation hazard to patients, all staff, and other personnel;
    f) maintenance, monitoring, and calibration of all critical measuring devices for equipment function;
    g) proper storage of radiation monitoring badges when not in use;
    h) storage and disposal of radio nucleotides and radio pharmaceuticals as well as radioactive waste;
    i) screening and restriction methods to protect patients and staff who may be pregnant;
    j) any other real or potential, unacceptable, uncontrolled hazards for patients and personnel.

AACI

18.2 Safety for Patients and Staff

4.Proper radiation safety precautions shall be developed and maintained to address

- adequate shielding for patients, staff, and facilities.
- include periodic testing or appropriate screening of all personal shielding to assure shielding competence and to prevent use of any non-conforming products.
- responsibility of the appropriate authority to maintain and accurate inventory and location of all personal shielding to be tested.
- Records of the results of this testing and any corrections and corrective actions undertaken shall be maintained and retained as documented information in accordance with the needs of the healthcare management system.



AACI

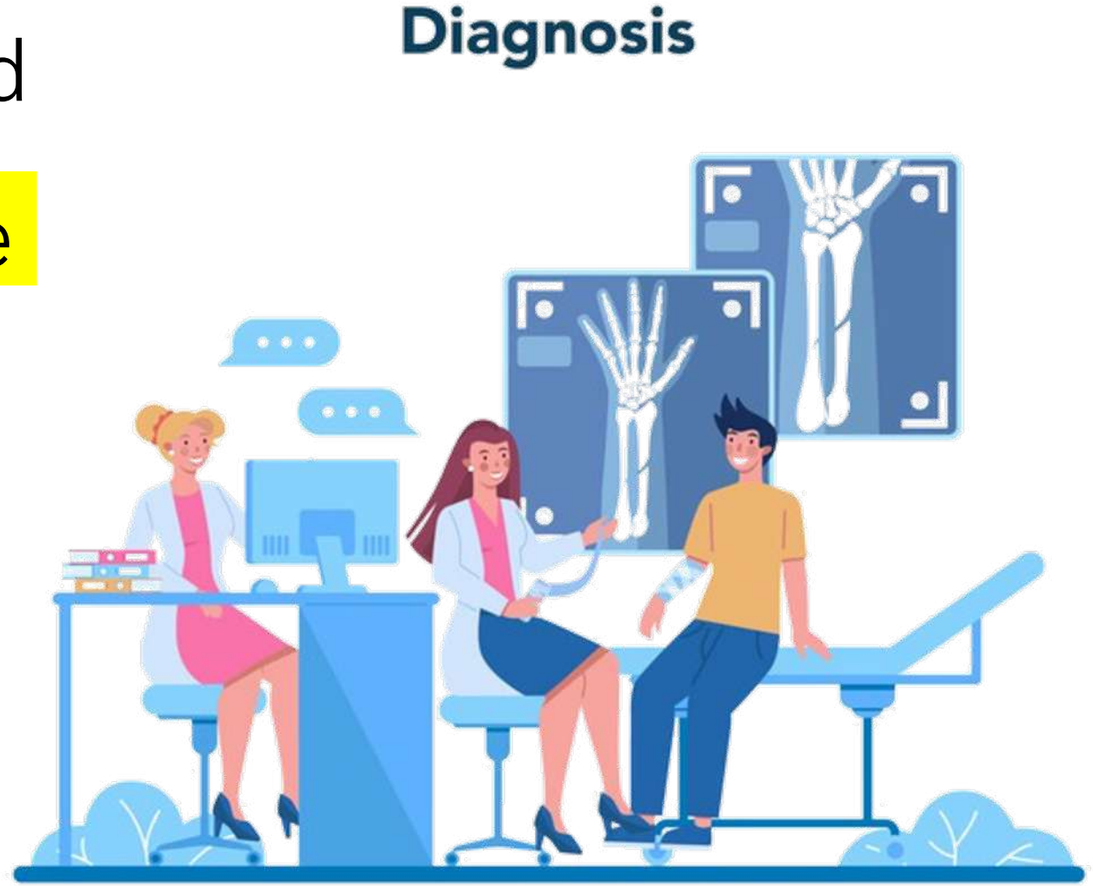
18.2 Safety for Patients and Staff

5. Staff who work in radiation areas shall be monitored continually for radiation exposure by the use of meters or badge dosimeters. Policies and procedures relating to this requirement shall include at least but are not limited to:
    a) time, place and position of radiation badges to be worn on relevant staff;
    b) methods for monitoring, measuring, and analysis of data collected including a specified timeframe for the appropriate and regular accomplishment of this requirement;
    c) appropriate and timely consultation with individuals to inform them of their degree of exposure;
    d) corrections and corrective actions indicated as result of b) and c) above;
    e) investigation of any high radiation exposure readings. This investigation shall be reported to healthcare organization management system oversight.

AACI

18.2 Safety for Patients and Staff

6. Aggregate objective monitoring, measurement, and analysis of the requirements herein shall be reported to the healthcare management system as required by STANDARD 4.7.4. Results of these investigations shall also be reported to the Pharmacy and Therapeutics committee of the medical staff.



AACI

18.4 Order

1. Radiology and nuclear medicine services shall be provided only on the order of practitioners with clinical privileges and consistent with national and regulatory requirements.
2. The healthcare organization shall develop and implement policies that have been approved by the medical staff to designate which radiology tests require interpretation by a radiologist.

AACI

18.6 Records

1. Records of medical imaging and nuclear medicine services shall be maintained in accordance with national law and regulations. The organization shall maintain the following patient records for at least 5 years:
    a) copies of reports;
    b) films, scans, and other image records;
    c) documents and patient records relating to ongoing care specific to the nuclear medicine department.

The radiologist or other practitioner who interprets radiology images and outcomes shall sign, date, and time the written or otherwise documented reports of his/her interpretations.

The healthcare organization shall maintain records of the receipt and disposition of radio- pharmaceuticals in accordance with applicable standards and national law. Significant deviations of accounting shall be reported to the service director, the Governing Body of the healthcare organization, and any other statutory or regulatory authority as required.

AACI

2025

AACI

American Accreditation
Commission International

STANDARD 19
Psychiatric and Behavioral Services

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 19
Psychiatric and Behavioral Services

- Be prepared to discuss the content of your medical records as required by 19.1.2. with emphasis on your documentation of co-morbidities identified for your psychiatric patient
- Show us at least four patient records demonstrating that a plan of treatment has been established within 96 hours of admission (19.1.3 and 19.1.4)

AACI

19.1 Medical Records

1. The medical records maintained by a psychiatric hospital shall describe the treatment provided within the healthcare organization scope of service.

AACI

19.1 Medical Records

2. Medical records within the psychiatric service shall contain the necessary components to include the history and treatment provided for the relevant psychiatric condition. These require components are:

a) identification of the patient's legal status;
b) a provisional or admitting diagnosis for each patient and at the time of admission;
c) records of intercurrent diseases and co-morbidities as well as the psychiatric diagnoses;
d) documented reasons for admission as offered by reliable sources;
e) social service records, reports, interviews, with patients, family members, and other data relating to the psycho-social condition of the patient; if they are available;
f) when indicated, a complete neurological examination must be recorded at the time of the admission physical examination.

AACI

19.1 Medical Records

3. Each patient shall receive a psychiatric evaluation with the following requirements:

a) completion within 96 hours of admission (see section 8.9.);
b) Inclusion of a complete medical history if it is available;
c) a record of mental status evaluation;
d) details surrounding the onset of illness and the circumstances leading to admission;
e) description of attitudes and behavior;
f) estimation of intellectual and memory function and orientation;
g) an accurate and descriptive inventory of the patient's belongings shall be made upon admission in closed wards.

AACI

19.2. Staffing and Facility Requirements

1. The healthcare organization shall have adequate numbers of professional personnel in order to:

a) evaluate patients;
b) formulate written individualized, comprehensive treatment plans;
c) provide active treatment measures;
d) engage in discharge planning.

AACI

19.2. Staffing and Facility Requirements

2. Inpatient psychiatric services shall be under the supervision of a Doctor of Medicine, recommended by the medical staff and approve by the Governing Body, in accordance with National law.

3. The director shall monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.

AACI

19.2. Staffing and Facility Requirements

4. Doctor of Medicine and other appropriate professional personnel shall be available to provide medical and surgical treatment as indicated.

5. If medical and surgical diagnostic and treatment services are not available within the institution, the institution shall use appropriate outside services to ensure that they are immediately available.

AACI

19.2. Staffing and Facility Requirements (Cont.)

6. The director of psychiatric nursing services shall be a registered nurse who is qualified by education and experience in the care of the mentally ill as required by national law.

7. There shall be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide nursing care necessary for each patient's active treatment program and record maintenance.

AACI

19.2. Staffing and Facility Requirements (Cont.)

8. The staffing pattern shall insure the continual availability of a registered nurse.

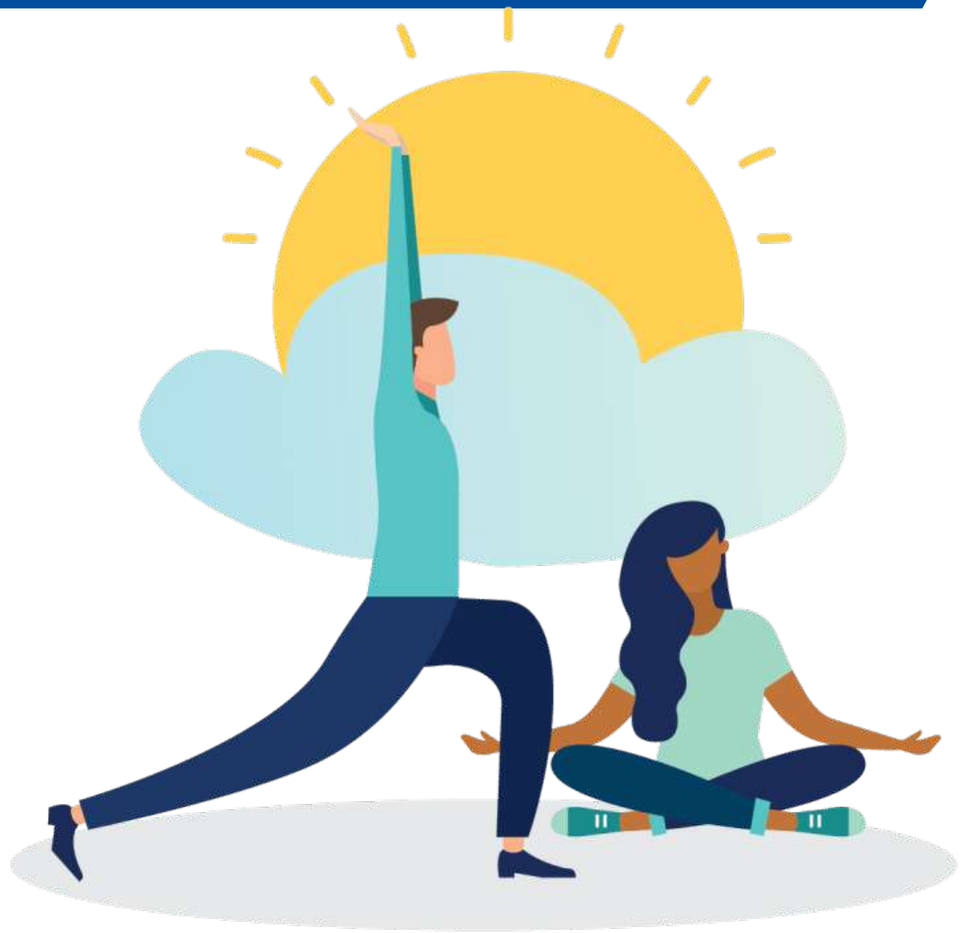
9. The psychiatric hospital must provide a therapeutic activities program appropriate to the needs and interests of patients in order to restore and maintain optimal levels of physical and psychosocial functioning.

AACI

19.2. Staffing and Facility Requirements (Cont.)

10. There shall be adequate numbers of qualified personnel to support these therapeutic activities.

11. The healthcare facility shall provide and maintain appropriate facility conditions for the treatment of mental illness within its scope of service. (see STANDARD 28.1.).



AACI

2025

AACI

American Accreditation
Commission International

STANDARD 20
Rehabilitation Services

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 20 Rehabilitation Services

- Be prepared to discuss your rehabilitation services (20.1)
- Show us your document defining the necessary processes for your rehabilitation services (20.1.2)
- Identify the director of rehabilitation services and provide their credentials (20.2)
- Show us your rehabilitation treatment plan (20.3)

AACI

Rehabilitation Services

- Scope of services defined in writing and under the direction of qualified individual (may be part of contractual agreement)
- Review the extent of rehabilitation services and if these services are provided directly by the hospital or through a contractual arrangement.
- Validate that these services are provided in a manner that ensures the patient's health and safety.
- Verify that rehabilitation services are integrated into the hospital's quality management system oversight.

AACI

Treatment plan

Treatment plan is in accordance with Physician's orders:

a) Sample records verifying order (type, amount, and duration of service)

b) Verify treatment plan is in writing, prior to treatment, including short and long term goals

c) Verify changes including evaluation, test results, orders, and check for physician approval of the changes

d) Check for a multidisciplinary approach

AACI

2025

AACI

American Accreditation
Commission International

STANDARD 21
Pharmaceutical Services

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 21 Pharmaceutical Services

- Be prepared to discuss your pharmaceutical provision of services throughout the healthcare facility (21.1)
- Identify the director of pharmaceutical services and provide their credentials (21.1.5)
- Identify your policy for the use of multi-dose vials (21.2.2)
- Show us your policy for the requirements of a physician order for pharmaceuticals (21.4)
- Show us your policy for administration medications in a timely manner (21.5.6)
- Be prepared to discuss your provisions to maintain the requirements of 21.6. controlled and non-controlled medication security
- Be prepared to discuss a recent effort to reduce medication errors in keeping with 21.7.

AACI

Safe Medication Use Process

Provision of Pharmaceutical services shall meet the needs of the Patient's therapeutic goals

High-Risk Medications (Point-of-control)**

- Written guidelines
- System in place to minimize AEs

Oversight and consultation

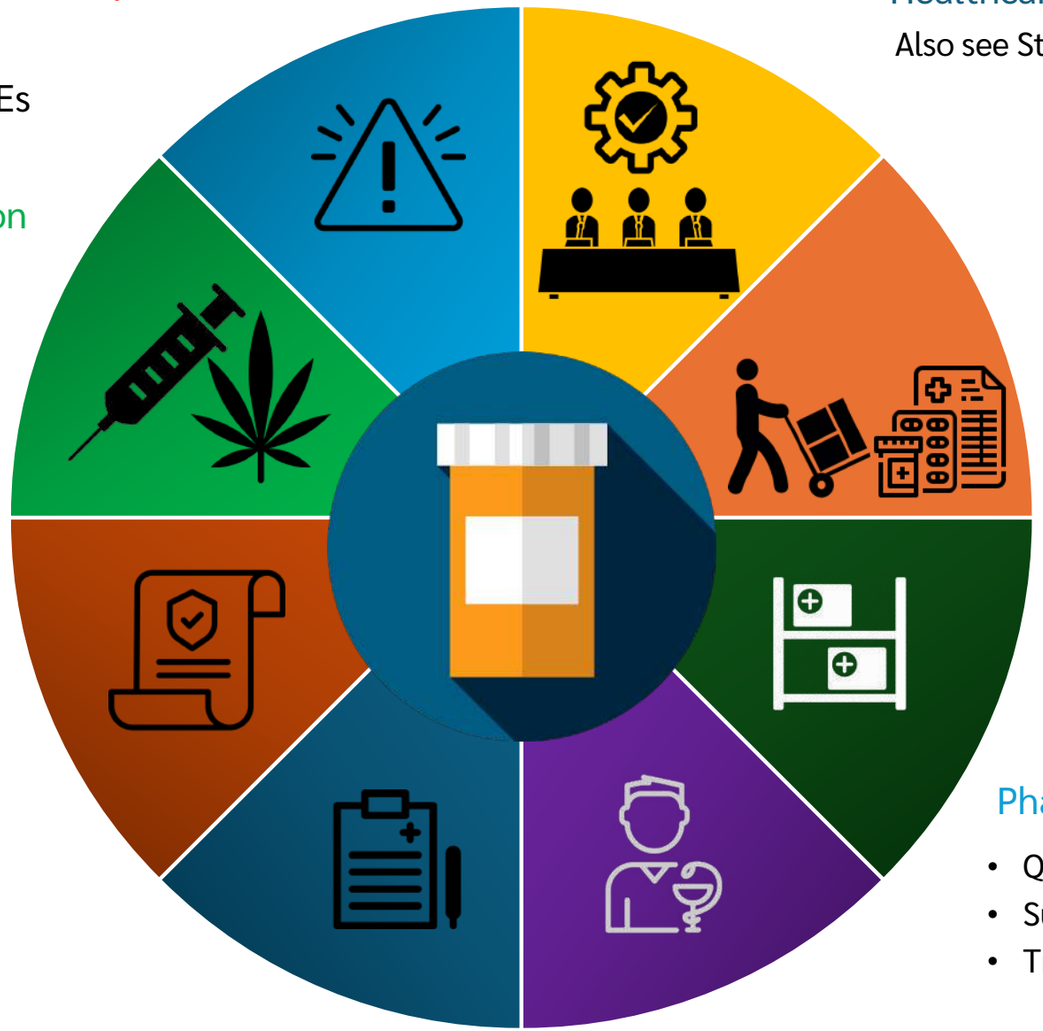
- Opiate use

Pharmaceutical services

- Procuring, Manufacturing, compounding
- Distributing and dispose
- Medication related-info (DIS)

Medication related policies

- Complete medication order (21.4)
- Medication administration (21.2)
- Medication storage
- Brought-in, self-admin medication
- Emergency medication
- Recall
- Medication Errors, AEs (21.7)



Healthcare Organization Management

Also see Standard 4.1.4 , 4.2,4.3, 4.5, 4.6, 4.7

Optimal Selection

- Define by optimal criterias
- Process of monitoring of use
- Meet the need of patient
- Adequate

Medication storage

With applicable ⓁⓇ

- Also see 27.1 Facilities

Pharmacist director & RPh staffs

- Qualification
- Sufficient (Number, types)
- Training, CPE (21.3)

AACI

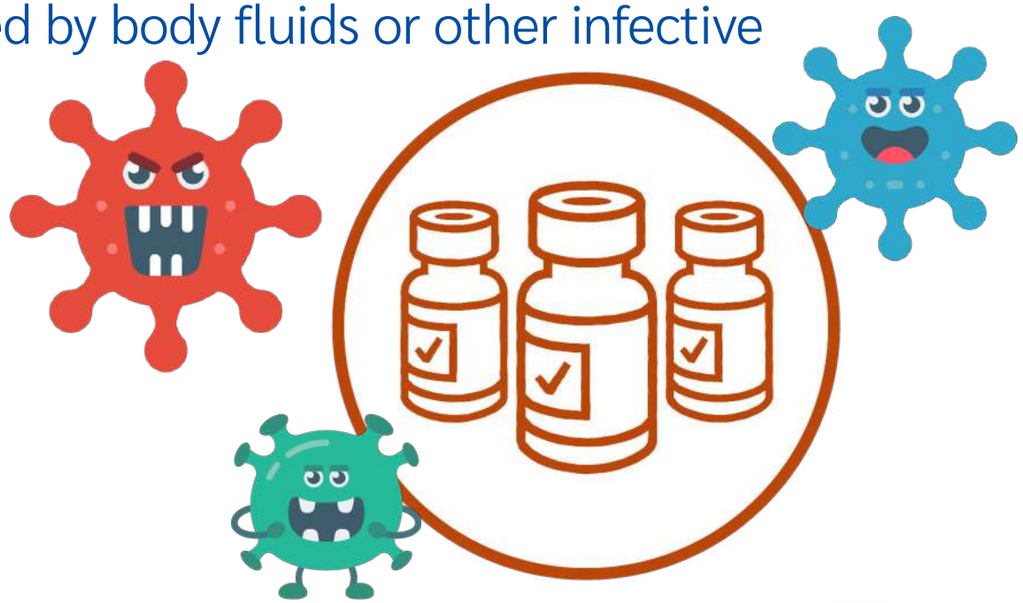
Unsafe Injection Practices

- **Using the same syringe to administer medication to more than one patient, even if the needle was changed**
  - Using a common bag of saline or other IV fluid for more than one patient,
  - Accessing the bag with a syringe that has already been used to flush a patient's IV or catheter
- **Multi-dose vials should be assigned to a single pt.**
- **Frequently Suspect Areas:**
  - Anesthesia - single syringe with sedation medication to treat multiple pts
  - Radiology
  - endoscopy suites

AACI

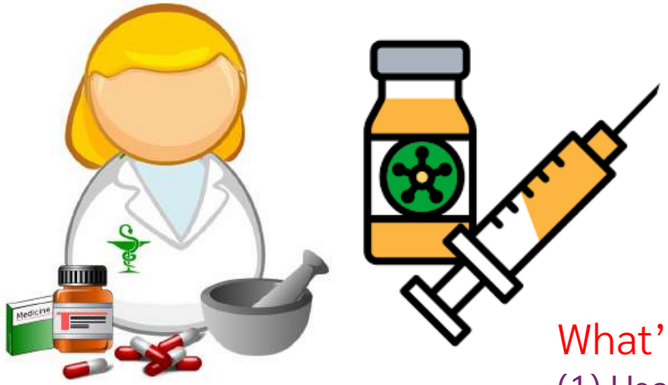
Standard. 21.2 Administration of Med and biologicals

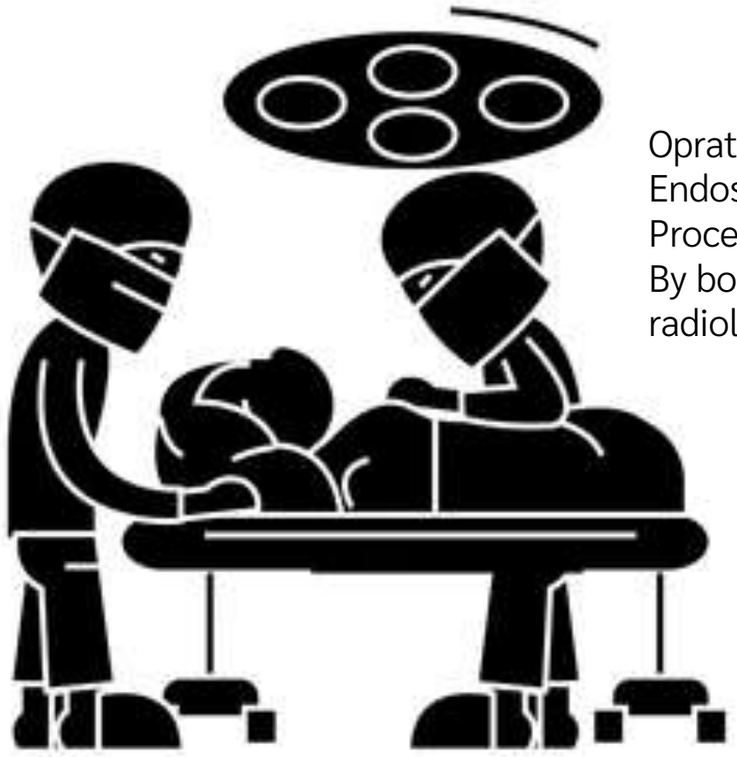
1. Shall be prepared and Admistered in accordance with applicable Ⓛ&® and accepted standards of practice.
2. Use of Multidose Vial medication (MDV)* shall not be allowed in procedure areas where a high potential of viral or other microbial surface contamination of this type of medication container is likely.
   a) Operating rooms;
   b) Endoscopy suites;
   c) Other procedure areas used for cases contaminated by body fluids or other infective substances including if applicable;
      - ❑ intensive care areas
      - ❑ Disease isolation areas
      - ❑ Radiology
      - ❑ Emergency department
      - ❑ Obstetrical areas
      - ❑ Outpatient procedure facilities



AACI

***No multiple-dose vial medications allowed in procedure areas
Where high potential of viral or other microbial surface contamination





Oprating rooms
Endoscopy suites
Procedure areas for cases contaminated
By body fluids eg. ICU, disease isolation areas,
radiology, ED, OB/GYN areas, OPD procedure facilities

What's the optimal Solution????
(1) Use the smallest commercial dose/Vial
(2) Discard medication immediately for unused portions
(3) Safe and clean, and functionally separate areas with appropriate Medical equipments and supplies

Single dose medication vials and single use syringes loaded and prepared in a clean (i.e. Pharmacy or other suitable clean area), shall be required for patient use in these areas in order to prevent disease transmission. Responsibility for the enforcement of this policy shall be shared by pharmacy and infection control and prevention authority.

AACI

STANDARD 21 - Pharmaceutical Services

21.1.5 The Pharmacist Director shall establish liaison with the medical staff to facilitate clinical pharmacology consultation when indicated.

21.2.6 If the healthcare organization allows a patient (or his/her caregiver) to self-administer medications, this shall be on order of the responsible physician after an individual patient risk assessment.

AACI

STANDARD 21 - Pharmaceutical Services

21.3.2 The results of training shall be documented as continual medical education (CME).

21.4.3 Verbal orders shall be used infrequently. The healthcare organization shall establish policies for use and criteria defining abuse. It shall have a process for quality review including documentation of findings in the individual's performance data record.

21.4.5 "Resume previous orders" notations shall not be honored.

AACI

STANDARD 21 - Pharmaceutical Services

21.5.3 All medications including blood and blood products shall be appropriately documented to include:

a) medication name and route of administration;
b) generic variant if applicable;
c) patient name and other identifier;
d) expiration date;
e) conditions for storage if required.

The above elements shall be checked by an appropriate authority and confirmed prior to administration to a patient.

AACI

STANDARD 21 - Pharmaceutical Services

21.5.6 The pharmacy in conjunction with the medical staff shall periodically evaluate the appropriateness and compliance to the medication administration timing policies throughout the healthcare organization.

21.6.1 The healthcare organization shall ensure that policies and procedures designed to mitigate or otherwise prevent controlled substance diversion shall be activated and operational at all times.

This anti-diversion concept shall be promoted in the patient and staff safety culture and work environment.

AACI

STANDARD 21 - Pharmaceutical Services

21.6.9 Evidence and other data documenting diversion shall be monitored, measured, and analyzed by the pharmacy service and reported to Top management. Additionally, required reports shall be submitted to the Medical Director.

21.7.2. Policies and procedures to minimize medication errors shall include consideration of:

a) dosing limits, administration guidelines, packaging, labeling and storage;
b) limiting the variety of medication-related devices and equipment;
c) dispensing of high risk medications;
d) opioid oversight use committee recommendations;
e) pharmacist availability on-call when pharmacy does not operate 24 hours a day;
f) separation of look-alike/sound alike medications;
g) expired medications.

AACI

2025

AACI
American Accreditation
Commission International

STANDARD 22
Infection Prevention

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 22 Infection Prevention and Control

- Be prepared to discuss your present and on-going infection control plan (22.2.2)
- Be prepared to discuss the changes in your plan as a result of the COVID-19 threat (22.2.3)
- Be prepared to discuss about surveillance data (22.2.7)
- Be prepared to discuss about staff healthcare (22.2.8)
- Be prepared to discuss your policy and procedure about infection control (22.2.9)

AACI

22.2 Organization and Policies

1. The healthcare organizations shall appoint an infection control officers qualified through education, training, experience, and certification. Their credentials shall include completion of a basic surveillance course in infection prevention and control.

AACI

22.2 Organization and Policies

2. The infection control officer(s) shall develop and implement an infection control plan consistent with the needs of the healthcare facility.

AACI

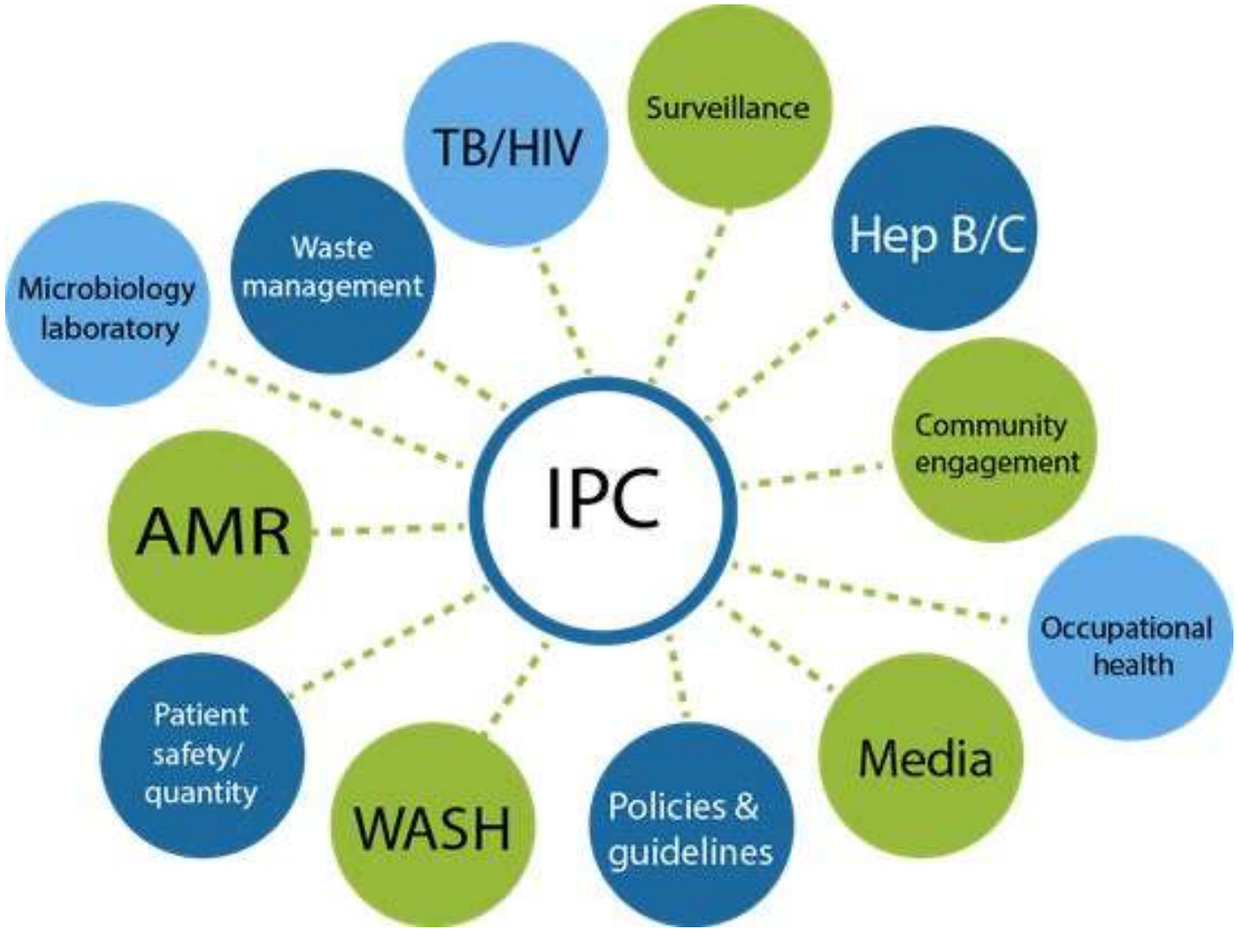
22.2 Organization and Policies

3. This plan shall be based on a risk assessment defining the most likely threats to the healthcare organization scope of services. It shall describe the necessary associated prevention, mitigation, and required responses to disease, bioterrorism, and natural disasters.

AACI

22.2 Organization and Policies

4. Clinical indicators to monitor and measure the success of this plan shall be established and reviewed at least annually. Necessary changes shall be made when indicted by this review.



AACI

22.2 Organization and Policies

5. As an output of the above requirements, infection control policies shall be created and integrated throughout the healthcare organization and off-site locations.

AACI

22.2 Organization and Policies

6. The infection control service shall ensure that:
   a) healthcare organization committees and departments interface with the infection control program;
   b) training programs for identifying, reporting, investigating, and controlling infections and communicable diseases of patients, staff, and other personnel are developed, activated, monitored, measured, and reviewed as part of the annual review.

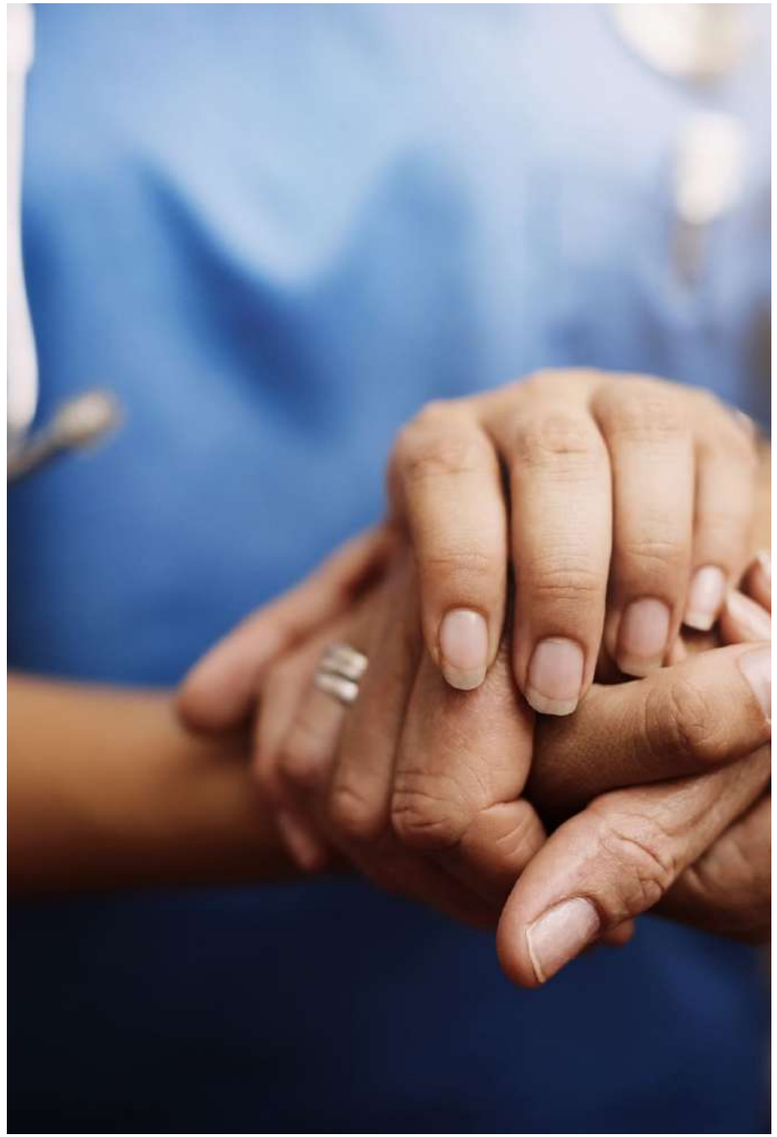
AACI

22.2 Organization and Policies

7. The following areas of surveillance shall be included at a minimum (see also 4.1.3.–4.1.5):
   a) mitigation of risks associated with hospital acquired patient infections as well those present upon admission;
   b) surveillance of invasive procedure related infections including but not limited to surgery, endoscopy, radiology, etc.;
   c) policies for the early identification of patients who require isolation in accordance with CDC, ECDC and WHO guidelines;
   d) mitigation of risks contributing to healthcare-associated infections;
   e) cooperation and compliance with necessary data input with local health and emergency preparedness authorities to address communicable disease threats, bioterrorism, and outbreaks;
   f) cooperative oversight with the sterilization and decontamination service on process, storage, and transport of reusable medical equipment.

AACI

22.2.8 Staff healthcare requirements



8. The infection control officer(s) shall be responsible for staff healthcare to include but not limited the following:
   a) hand washing methods and compliance;
   b) immunization status for designated infectious diseases, as needed;
   c) screening for staff infection;
   d) policies to address restriction of patient care and/or other duties of infected healthcare organization staff or volunteers;
   e) staff and volunteer orientation/ongoing training to prevent transmission of infections diseases;
   f) measures to evaluate, treat, and mitigate illness in staff and volunteers exposed to:
      i. persons with infections disease;
      ii. injury within the healthcare organization including biohazard exposure (sharps and needles injuries or chemical injuries);
      iii. proper disposal of biohazard (see 28.5);
   g) policies for use of personal protective equipment including gowns, gloves, masks and eye protection devices.

AACI

22.2.9 Policies and Procedures

9. The infection control process shall develop and implement policies and procedures, based on international accepted guidelines that address the following:
   a) ventilation and water quality control, including measures taken to maintain a safe environment during internal or external construction/renovation;
   b) maintaining safe air handling systems in areas of special ventilation, such as operating rooms, intensive care units, and airborne infection isolation rooms;
   c) techniques for food handling and sanitation;
   d) techniques for cleaning and disinfecting environmental surfaces, carpeting and furniture;
   e) textiles reprocessing, storage and distribution;
   f) disposal of regulated and non-regulated waste;
   g) pest control;
   h) use of antibiotics.

AACI

2025

AACI
American Accreditation
Commission International

STANDARD 23
Medical Records

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

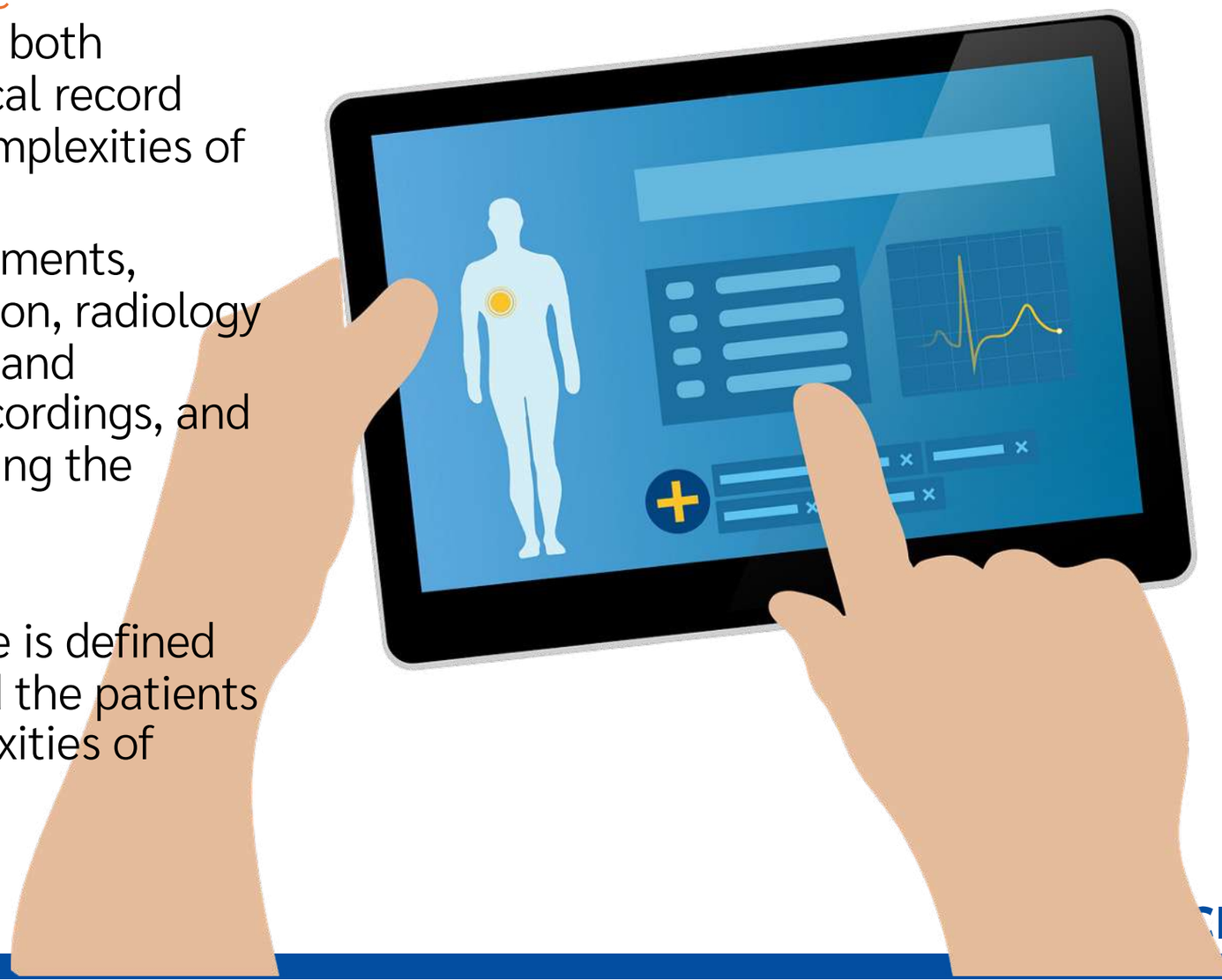
Standard 23 Medical Records

- Demonstrate your ongoing effort to assure that medical records are completed in a timely manner (23.3)
- Be prepared to document the rate of compliance of the above requirement in your hospital

AACI

Organization and Staffing

- The hospital must have administrative responsibility for all medical records - both inpatient and out patient. The medical record service shall reflect the scope and complexities of services offered.
  - "Medical records" = written documents, computerized electronic information, radiology film and scans, laboratory reports and pathology slides, videos, audio recordings, and other forms of information regarding the condition of a patient.
  - Includes off site locations
- Verify that the medical records service is defined to meet the needs of the hospital and the patients with respect to the scope and complexities of services



Identification of Authors

- Verify that the hospital has a means of identifying authors for each entry in the patient medical record.
- Policy states who is allowed to document in the medical record and the means for identifying the author.
  - Review a sampling of records
- In the event that the medical staff and leadership allow stamps to be used
  - Verify that the stamps are only used by the individual identified on the stamp

AACI

Confidentiality

- Verify means of ensuring that access to patients' records is limited to those individuals designated by law, regulation, and policy or duly authorized as having a need to know.
- Validate the policy and procedure for release of patient information and verify that copies of medical records and other confidential patient information are released outside the hospital only upon written authorization of the patient, legal guardian, or person with an appropriate "power of attorney"
- Verify the methods in place to prevent unauthorized persons from gaining physical access or electronic access to information in patient records.
- Validate the hospital's current practices in place for protecting and securing the confidentiality of patient records.

AACI

Content of record

- Content should include legibility, date, time, and authentication for all entries
- Review a sample of medical records during the survey. Validate that that requirement 23.6 is consistently applied throughout the hospital.
- Determine if there is a law that qualifies for the exception to the 48 hour requirement for verbal order authentication.
- Verify that the hospital has policies and procedures in place for addressing verbal orders including a process for read-back and verification to ensure accuracy of such orders.
- Interview staff and review examples of verbal orders to verify this process for authentication and the read-back and verification process
- Verify that within each medical record reviewed, the appropriate information is stated, timed, dated and authenticated by the appropriate individual(s) and supports the diagnosis, treatment and other services provided to the patient.

AACI

2025

AACI
American Accreditation
Commission International

STANDARD 24
Laboratory and Transfusion Mgnt Services

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

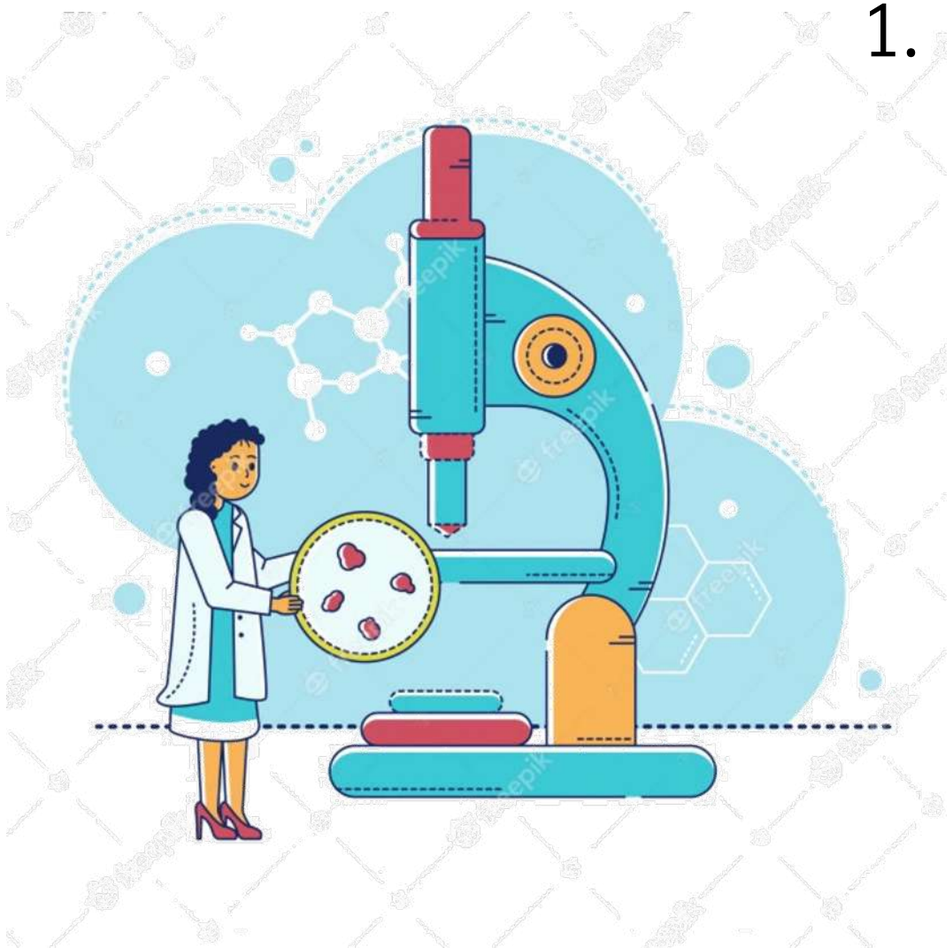
ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 24 Laboratory Services

- Be prepared to discuss the scope of service of laboratory services (24.1)
- Be prepared to discuss your process about process for reporting critical laboratory tests results (24.1)
- Be prepared to discuss your process about process for Blood transfusion (24.3)

AACI

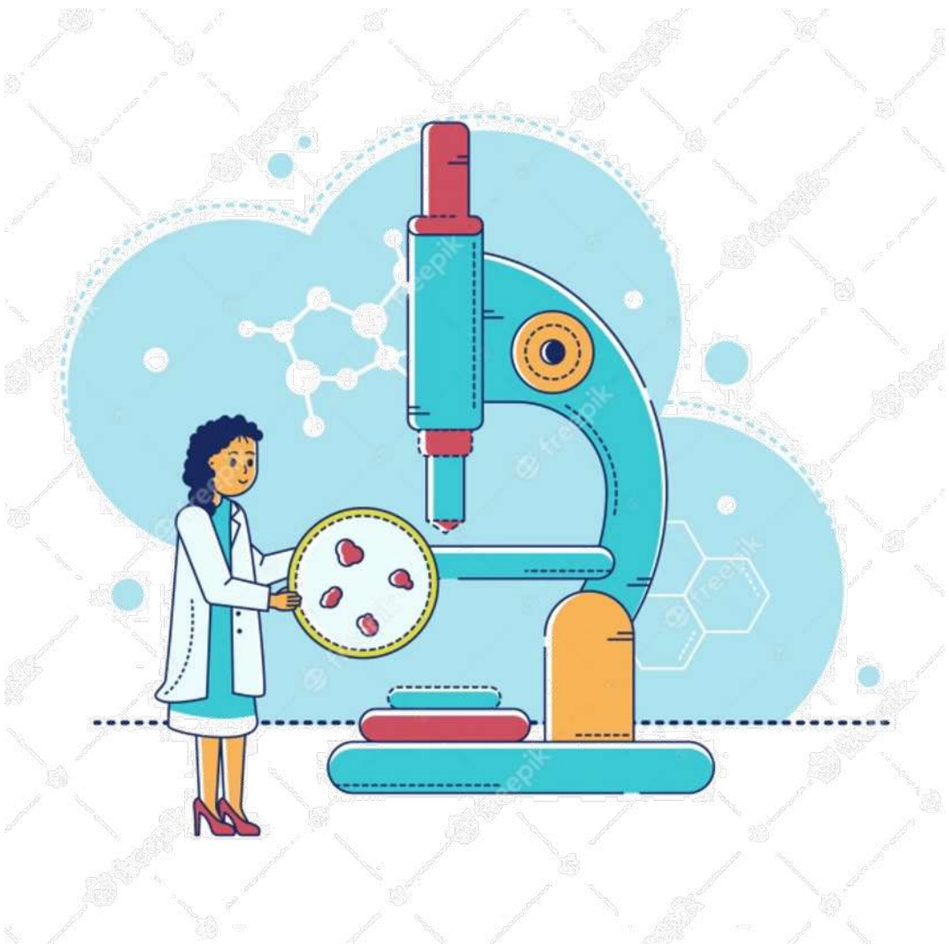
24.1 General



1. The healthcare organization shall ensure that all laboratory services provided to its patients are performed in a facility certified in accordance with applicable National laws and regulations.

AACI

24.1 General



2. The laboratory shall have a documented procedure for identification, collection, retention, indexing, access, storage, maintenance, and safe disposal of clinical samples.

3. The laboratory shall define the length of time clinical samples are to be retained. Retention time shall be defined by the nature of the sample, the examination, and any applicable requirements.

AACI

24.1 General

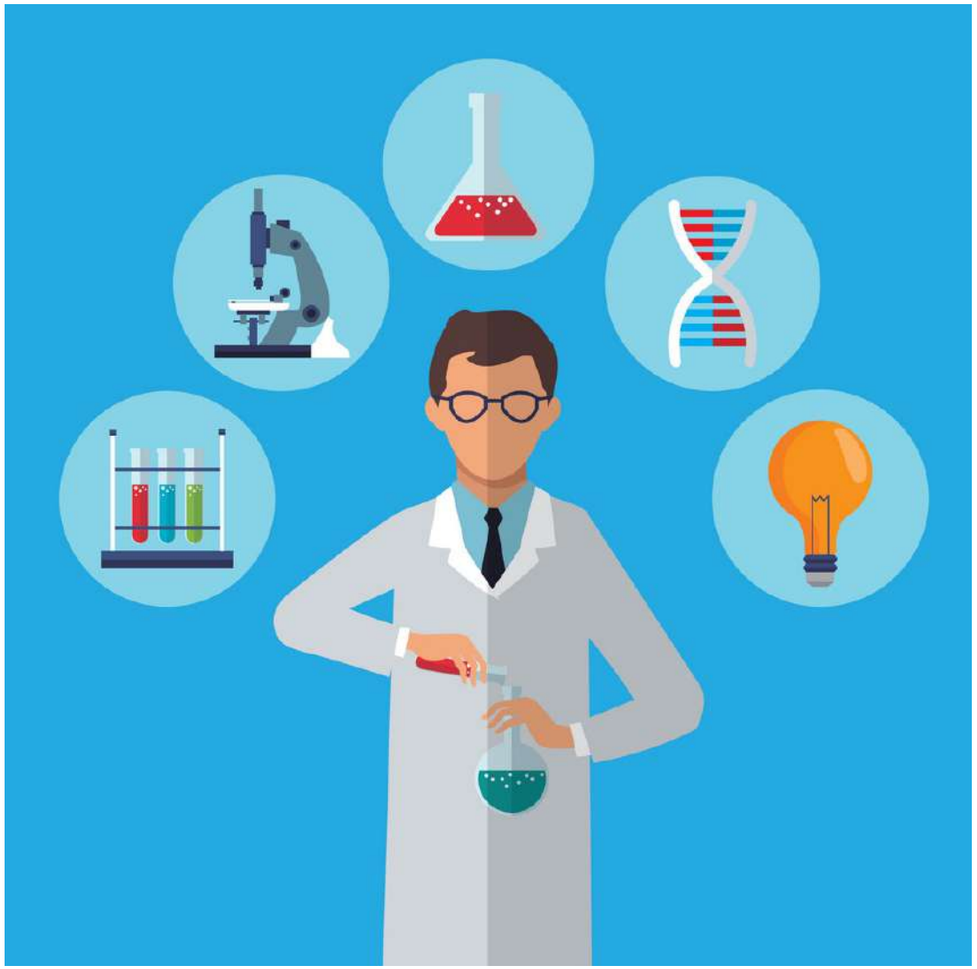
4. The healthcare organization’s laboratory services, including any outsourced services, shall be integrated into its healthcare organization management system.

24.2 Adequacy of Services

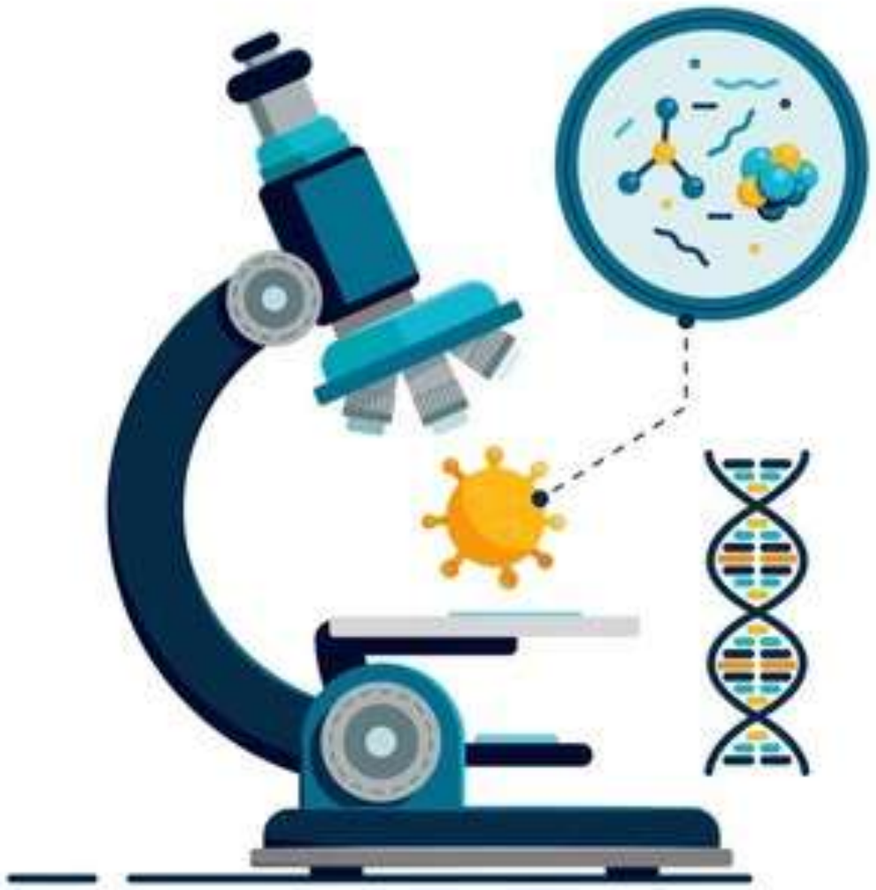
1. Emergency laboratory services shall be available continually within the healthcare organizations including off-site access.

24.2 Adequacy of Services

2. The healthcare organization shall develop a process for reporting critical laboratory tests results (See 4.1.4.-4.1.7.).



24.2 Adequacy of Services



6. The laboratory shall maintain the appropriate resources including reagent and calibration requirements in order to assure the intended outcome of its processes.

24.2 Adequacy of Services

7. The results of each examination shall be reported accurately, clearly, unambiguously and in accordance with any specific instructions in the examination procedures.

AACI

24.2 Adequacy of Services

8. Laboratory processes of critical impact on patient safety shall be reported in keeping with requirements of the healthcare organization and national law.

24.3 Blood Transfusion

1. Blood transfusions and intravenous medications shall be administered in accordance with medical staff policies and procedures. If blood transfusions and intravenous medications are administered by LIPs other than physicians, these personnel shall have special training for this duty.

2. For intravenous medication and blood transfusion administration, the following competencies shall be required and documented in the nurse's personnel record. Knowledge of and competency in:
   a) fluid and electrolyte balance;
   b) venipuncture techniques, including both demonstrations, and supervised practice.

3. The healthcare organization shall have a defined blood transfusion process addressing the following:
   a) blood components;
   b) blood administration procedures based on healthcare organization policy, and standard of care;
   c) requirements for patient monitoring, including frequency and documentation of monitoring;
   d) the process for verification of the right blood product for the right patient;
   e) identification and treatment of transfusion reactions.

AACI

24.4 Blood Supply and Management

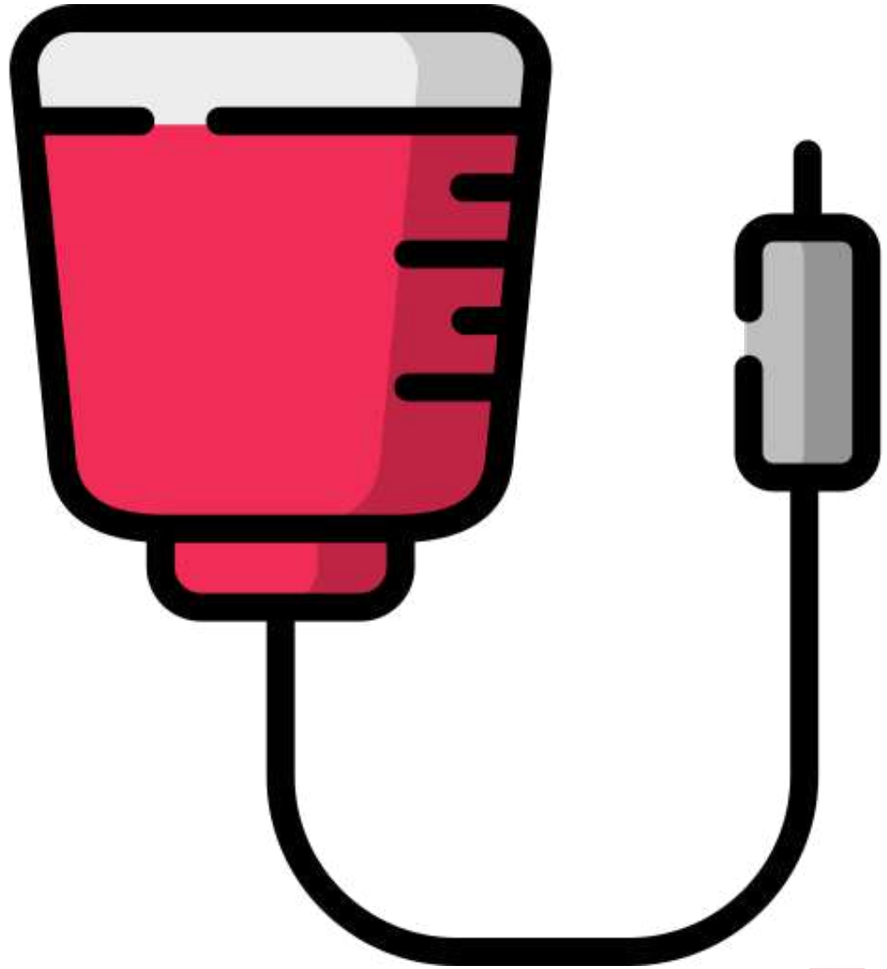
- In the event of infectious risk from blood or blood products there shall be a written agreement with the blood bank allowing for notification, expectations, and approval by an appropriate hospital representative
- If blood/blood products are received and are at risk of transmitting HIV or Hepatitis C virus, (HVC) the following will ensue:

a) Verify agreement with blood bank allows for notification, expectations, and approval by an appropriate hospital representative

b) Verify the blood quarantine procedure

c) Verify the procedure is followed when the hospital is notified

d) Verify the hospital policy addressed the notification process



AACI

2025

AACI

American Accreditation
Commission International

STANDARD 25
Pathology Services

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

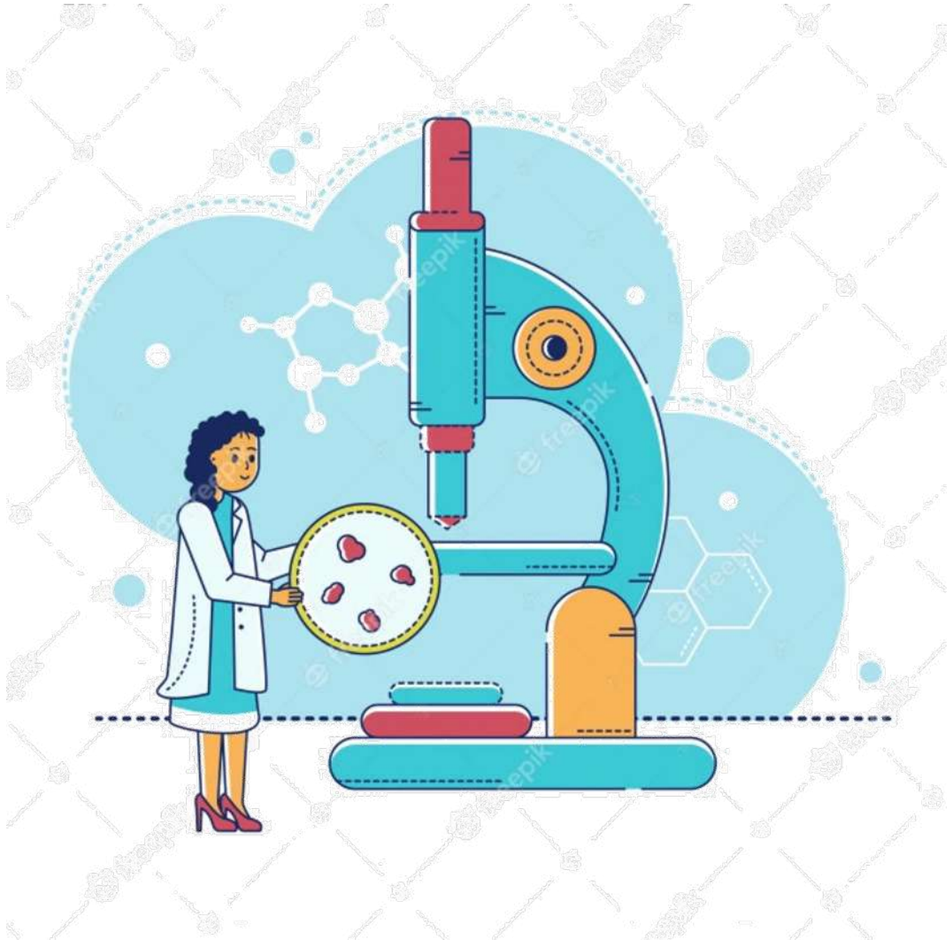
ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 25 Pathology Services

- Be prepared to discuss the scope of service of pathology services (25.2.1)
- Be prepared to discuss your rate of miscreant pathology reports and your evidence of efforts to minimize these. Be prepared to discuss one example of your process (25.2.4)

AACI

25.1 General



1. If the healthcare organization provides pathology services, it shall be well organized under the supervision of a qualified pathologist.

25.2 Delivery of Services

1. The pathology scope of service shall be available to the medical staff. This scope of service shall document pathology processes which are determined by the medical staff of the healthcare organization to be:
   a) routine;
   b) those excluded from routine submission;
   c) those surgical specimens exempt from microscopic examination.
2. Microscopic examination shall be performed whenever there is a request by the attending physician, or at the discretion of the pathologist when indicated by the clinical history or gross findings.
3. Sub optimal or inadequate specimens shall not be processed.

NOTE 2 Sub-optimal and/or inadequate specimens are defined as: unidentified, unaccompanied by adequate requisition information, left unfixed or unrefrigerated for an extended period, received in a container/bag with a contaminated outside surface.

AACI

25.2 Delivery of Services

5. Specimen identity shall be maintained during the processing and examination steps. (See Standard 6).
6. Dissection, description, and histologic sampling of specimen shall be done according to standard of care and pathology under examination.
7. The healthcare organization shall have documented procedure for the safe handling of tissues that may contain radioactive material. These procedures shall be developed in conjunction with the radiation safety officer and shall comply with established safe handling techniques There should be a documented procedure for handling sub-optimal and/or inadequate specimens.
8. Surgical pathology materials shall be retained as required. Their integrity shall be a protected and preserved for retrieval as indicated.

NOTE 3 The retention periods may be extended to provide documentation for adequate quality control and medical care.

AACI

25.3 Reporting and Documentation

1. The surgical pathology report shall have a complete patient identifier as determined by the healthcare organization and the requirements of STANDARD 6.
2. The responsible pathologist shall review and approve all reports prior to release. The report shall include:
    a) gross descriptions;
    b) type and number;
    c) weight of specimens;
    d) measurements;
    e) extent of gross lesions;
    f) other relevant information as required to support the pathological diagnosis.
3. The pathology report shall provide data that includes all information sufficient to allow appropriate grading and staging of neoplasms according to standard classification schemes.
4. All reports on routine cases shall be completed and issued in a timely manner commensurate with medical staff requirements.

***NOTE 1** In complex or special cases the reporting time may be extended.*

AACI

25.4 Autopsy

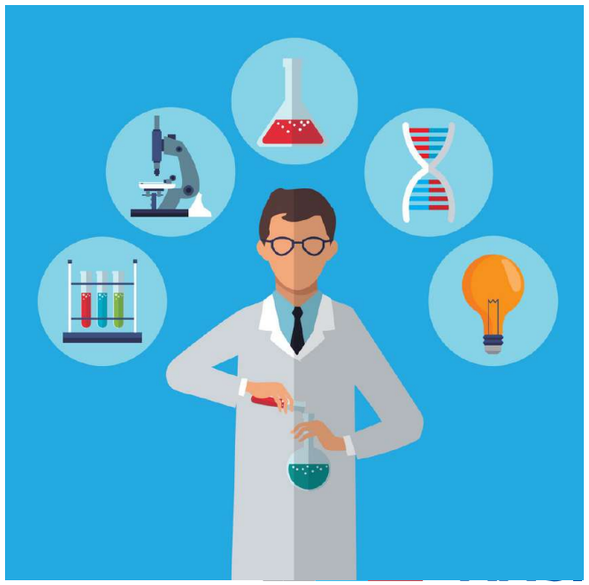
NOTE 1 Some examples of this could include:

a) reporting newly diagnosed infectious diseases to the hospital infection prevention committee;

b) presentation and/or review by institutional quality management system committees;

c) reporting issues related to quality of care to risk management or sentinel event review Committee.

4. A documented autopsy preliminary report of the gross pathologic diagnoses shall be available to the attending physician within 2 working days.



2025

American Accreditation Commission International

STANDARD 26
Organ, Tissue and Eye Donation/ Procurement

ISQuaEEA Accredited Organisation 2022-2026

ISQuaEEA Accredited Standards 2023-2027

ISQuaEEA Accredited Surveyor Training Programme 2024-2028

Standard 26
Organ, Tissue and Eye Procurement

- Be prepared to demonstrate a review of the requirements of Standard 25 by Top Management (26.1)

AACI

Organ, Tissue and Eye Procurement

- Written agreement with OPO for Organ, Tissue, & Eye Procurement
- Contains procurement protocols approved by governing body and medical staff
- Define “imminent death”, timely notification, designated requestor
- Specify how OPO, tissue and/or eye bank will be notified in a timely manner of potential donors and all deaths
- Communicate policy to all appropriate areas of organization
- OPO responsibility for determining medical suitability
- Protocols to notify family members of potential donors
- Documentation that requestor training program offered by OPO developed in cooperation with the tissue & eye bank designated by the hospital
- Procedures permitting OPO, tissue/eye bank access to death record information on designated schedule

AACI

Module III

AACI

Ancillary Services

2025

AACI Accreditation Standards

American Accreditation Commission International

Module III (4 Chapters 19 Standards)

Ancillary Services

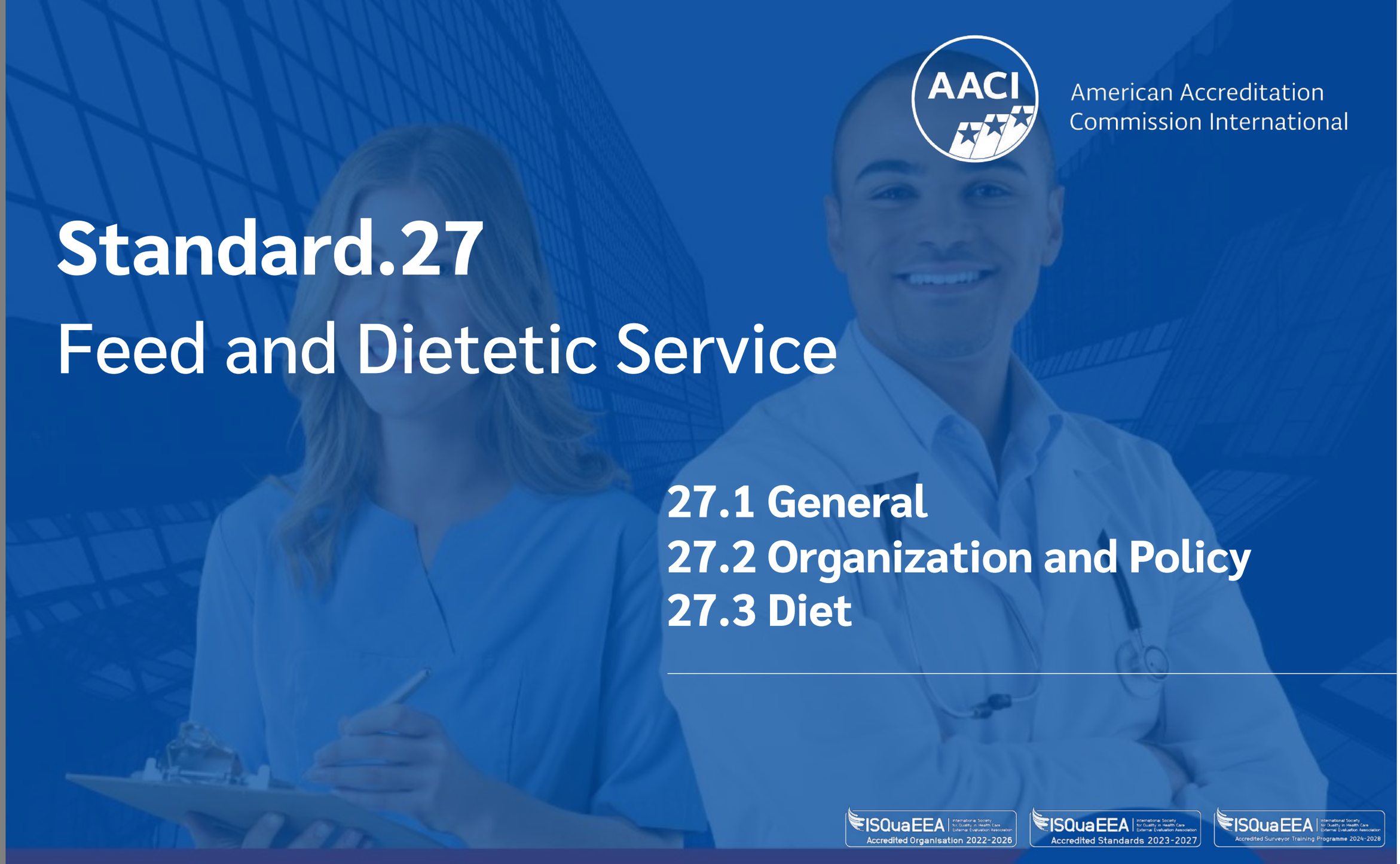
- 27. Food & Dietetic Services (3)
- 28. Physical Environment (8)
- 29.Sterilization (3)
- 30. Information Security Management (5)

ISQuaEEA Accredited Organisation 2022-2026
ISQuaEEA Accredited Standards 2023-2027
ISQuaEEA Accredited Surveyor Training Programme 2024-2028

2025

American Accreditation Commission International

Standard.27
Feed and Dietetic Service



27.1 General
27.2 Organization and Policy
27.3 Diet

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

Standard 27 Food & Dietetic Services

- Demonstrate a collaborative review of food and dietetic services by the director or other appropriate individual in consultation with infection prevention and control authorities. (27.2.2.e)

AACI

2025

American Accreditation Commission International

Standard.28 Physical Environment

28.1 Facilities
28.2 Life and Fire Safety Process
28.3 Security Management Process
28.4 Emergency Management Process
28.5 Haz Materials Process
28.6 Medical Equipment Process
28.7 Utilities System Process

ISQuaEEA Accredited Organisation 2022-2026
ISQuaEEA Accredited Standards 2023-2027
ISQuaEEA Accredited Surveyor Training Programme 2024-2028

Standard 28.1 Facilities

- Evidence that Risk Register contains physical environment risks.
- Copy of physical environment annual plan / summary of completed works (28.1.1 – 28.1.2)
- List, register, or index of physical environment policies and or procedures and evidence that this documentation has been reviewed as appropriate. (28.1.4)

AACI

Standard 28.2.1. Life Safety

- Show us evidence of annual report containing number of patient safety incidents and employee safety incidents (28.2.1.1)
- 2 examples of periodic inspections of the facilities and grounds and evidence of action taken. (28.2.1.2)
- Evidence of policies and procedures to ensure construction contractors are working safely on site (also see 22.2.9.a)

AACI

Standard 28.2.2. Fire Safety

- Show us copy of fire actions plans, that should include improvements to both physical and managements arrangements. (28.2.2.2 – 28.2.2.3)
- Show us examples of fire extinguisher checks, fire drills and evacuations completed across the buildings (28.2.2.4 – 28.2.2.5)

AACI

Standard 28.3
Security Management Process

- Show us evidence of training provided to staff for harassment and mobbing (28.3.2)
- Evidence of people identification to include;
  a) **Patients are identified by 2 identifiers**
  b) **Internal staff have visible ID badge**
  c) **External people identification policy (28.3.3)**

AACI

Standard 28.4
Emergency Management Process

- Evidence that emergency power and lighting is in place, and copies of maintenance checks (28.4.4)
- Show us example of a recent emergency management exercise, and action plan for improvement (28.4.6)

AACI

Standard 28.5
Hazardous Materials (HAZMAT) Process

- Copies of employee training for use of HAZMAT material (28.5.1)
- Examples of HAZMAT assessments, Safety Data Sheets and PPE records for new products introduced (28.5.5 – 28.5.6)
- Show us a copy of procedure for using for alcohol based hand rub dispensers in anesthetizing areas (28.5.8)
- Risk assessment for waste storage and handling on site, including use safe use of waste compactor and segregation of clinical waste (28.5.10)

AACI

Standard 28.6
Medical Equipment Process

- Show us examples of critical equipment inspections being completed and any local maintenance inspections being completed (28.6.1).
- Example of recorded evidence of staff being training on a new piece of medical equipment (28.6.1)

AACI

Standard 28.7
Utility Systems Process

- Show us evidence of a critical operating components analysis and a register for regular maintenance, inspections and testing of utility system (28.7.2)

AACI

2025

Standard.29 Sterilization

American Accreditation Commission International

29.1 General
29.2 Selection of Medical Devices and Equipments
29.3 Storage, segregration and Transport

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

STANDARD 29
Sterilization and Decontamination Services

- Identify the supervisor and responsible party for sterilization and decontamination services. (29.1.3)
- Document 3 instances within the last year of a non-conformance in sterile processing or decontamination being identified and corrected in a manner commensurate with a risk at hand (29.1.4)
- Show us your policy for storage, segregation and transport expiration parameters within the guidelines of 29.3.2.

AACI

2025

American Accreditation Commission International

Standard.30
Information Security Management

30.1 General
30.2 Outsourcing
30.3 Equipment Security
30.4 Access Control
30.5 Business Contiumity Management

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Organisation 2022-2026

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2023-2027

ISQuaEEA International Society for Quality in Health Care External Evaluation Association
Accredited Surveyor Training Programme 2024-2028

STANDARD 30 Information Security Management

- Show us Information Security Management Policy (30.1.2)
- Prepare the list of IT contracted services (30.2.1)
- Be prepare to discuss a access control and allocations of permissions (30.4.1)
- Provide evidence of the last time the business continuity plan for information security was last tested and actions for improvement (30.5.1)

AACI


Question?
AACI


AACI
AACI
AACI
AACI

Thank you!

We bring safer for tomorrow

AACI

Somporn Kumphong, M.D.
CEO AACI Asia-Pacific

AACI

AACI Asia-Pacific

(66)898995436

www.aacihealthcare.com

somporn.kumphong@aacihealthcare.com

Contact Details

American Accreditation
Commission International