

ACCREDITATION ANNUAL COMPLIANCE CHECKLIST



AMBULATORY CARE

Use the checklist below to audit your ambulatory care organization and operations, annually to ensure compliance with annual requirements. You can also use it to help you determine if your organization is in compliance with applicable local, state, and federal laws and regulations.

This checklist is not intended to replace your own comprehensive review of Ambulatory Care Accreditation Standards, nor does it guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that your organization implement an internal plan of correction and monitor results for compliance.

Section 1: Organization and Administration

ACHC Standard	Expectation	Comments
AC1-1A	All applicable licenses and permits are current, and the licenses/permits are posted for all physical locations.	
AC1-3A	Any conflict of interest is properly documented.	
AC1-4A	The leader/administrator or other pre-designated individual is qualified for the position.	
AC1-8A	Negative outcomes from sanctions, regulatory inspections, and/or audits are reported, if applicable.	
AC1-10A	All contracts for direct care/services are reviewed, as required per the terms of the contract, and all new contracts implemented contain the required content. The organization maintains copies of professional liability insurance certificates for all contracted personnel.	
AC1-10B	Any care/services provided in the past year by contracted staff have been monitored to ensure the quality of care/services provided to patients.	

Section 2: Program/Service Operations

ACHC Standard	Expectation	Comments
AC2-1A	Marketing materials are current and accurately reflect the care/service provided.	
AC2-2A	The Patient Rights and Responsibilities document is current.	
AC2-2A	Advance Directive information provided to patients is current.	
AC2-3A	All alleged violations by anyone furnishing services on behalf of the organization are properly investigated, and appropriate corrective action is taken.	
AC2-4A	All grievances and complaints are documented, investigated, resolved, and reported each quarter to the governing body.	
AC2-4B	Information provided to the patient on how to report grievances/complaints is current.	
AC2-5A	All personnel have a signed confidentiality statement.	

Section 2: Program/Service Operations		
ACHC Standard	Expectation	Comments
AC2-5B	Business Associate Agreements exist for all non-covered entities.	
AC2-6B	All personnel who perform CPR have evidence of current CPR certification.	
AC2-7A	Summary of any ethical issues.	
AC2-8A	Language resource information is current and available to personnel to assist patients with limited English proficiency or communication barriers, as well as persons with disabilities.	
AC2-10A	There is evidence that administrative and clinical supervision is available during all hours care/service is provided.	

Section 3: Fiscal Management		
ACHC Standard	Expectation	Comments
AC3-1A	The organization's budget is reviewed and updated by management/leadership.	
AC3-2A	Sound financial and accounting practices are implemented to ensure accurate accounting and billing.	
AC3-3A	Information provided to patients regarding charges for care/service is current.	

Section 4: Human Resource Management		
ACHC Standard	Expectation	Comments
AC4-2A	All credentialing activities are up to date.	
AC4-2B	An annual tuberculosis (TB) risk assessment is completed to determine the type and frequency of screening/testing for direct care personnel.	
AC4-2D	All job descriptions are up to date and new job descriptions have been signed.	
AC4-2G	All personnel evaluations are completed, reviewed, and signed by personnel.	
AC4-3A	Orientation materials cover the required topics.	
AC4-4A	Competency assessments are completed on all direct care personnel.	
AC4-5A	<p>All direct care personnel have received in-service education per organization policies. The required topics include:</p> <ul style="list-style-type: none"> ■ Emergency/disaster preparedness. ■ How to handle grievances/complaints. ■ Infection control training. ■ Cultural diversity and delivery of culturally sensitive care. ■ Effective communication with the ambulatory care team, healthcare colleagues, and patients and their families. ■ Application of ethical principles in ambulatory care. ■ Workplace (Occupational Safety and Health Administration [OSHA]), patient safety, and components of AC7-2A. ■ Patient's rights and responsibilities. ■ Interprofessional collaboration and professional boundaries. 	

Section 5: Provision of Care and Record Management

ACHC Standard	Expectation	Comments
AC5-1B	All patient records are retained for the appropriate period of time after discharge.	
AC5-1B	All clinical records are safeguarded against loss or unauthorized use.	
AC5-5B	The organization provides information to referral sources when patients require additional services or follow-up care.	

Section 6: Quality Outcomes/Performance Improvement

ACHC Standard	Expectation	Comments
AC6-1A	The organization has evidence of an ongoing, organization-wide Performance Improvement (PI) program that measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that enable the organization to assess processes of care, services, and operations to show measurable improvement in the indicators related to improved outcomes.	
AC6-1C	There is evidence of personnel involvement in the PI process.	
AC6-2B	PI activities include ongoing monitoring of at least one important aspect related to the care/service provided.	
AC6-2C	The PI program identifies the process for conducting patient, personnel, physician, and referral source (if applicable) surveys.	
AC6-2D	PI activities include ongoing monitoring of the patient record.	
AC6-2E	PI activities include ongoing monitoring of patient complaints.	
AC6-2F	The organization investigates all adverse events, incidents, accidents, variances, or unusual occurrences that involve patient services and also develops a plan to prevent the same or similar events from occurring again.	
AC6-3A	The PI report is completed at least annually.	

Section 7: Risk Management: Infection and Safety Control

ACHC Standard	Expectation	Comments
AC7-1A	The organization maintains and documents an effective infection control program that protects patients and personnel by preventing and controlling infections and communicable diseases.	
AC7-1A	Copies of the TB Exposure Control and OSHA Bloodborne Pathogen plans are reviewed annually and are available to personnel.	
AC7-1A	The organization provides infection control education to employees, contracted healthcare providers, and patients regarding basic and high-risk infection control procedures as appropriate to the care/services provided.	
AC7-1B	The organization reviews and evaluates the effectiveness of the infection control program, and infection control data and action plans are included in the PI reports.	
AC7-3A	There is evidence that the annual disaster practice drill has been conducted.	

Section 7: Risk Management: Infection and Safety Control		
ACHC Standard	Expectation	Comments
AC7-4A	There is evidence that smoke detectors, fire alarms, and fire extinguishers are inspected and maintained as recommended by the manufacturer.	
AC7-4A	The emergency power system is tested at least once a year.	
AC7-5A	Hazardous waste, chemicals, and materials are handled properly.	
AC7-5B	Current Safety Data Sheets (SDS) are accessible to personnel.	
AC7-6A	Evidence of identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel is incorporated into the PI program, when appropriate.	
AC7-7A	Quality control logs are maintained for equipment used for conducting waived tests, if applicable.	
AC7-8A	Quality control logs are maintained for any equipment used in the provision of patient care/services, if applicable.	