



American Association of Integrative MedicineSM
Accreditation Manual

2011 Edition

2011 Edition
AAIM Accreditation Manual

AAIM
2750 E Sunshine St
Springfield, MO 65804

Phone: (877) 718-3053
(417) 881-9995
Fax: (417) 823-9959

Website: www.aaimedicine.com



Table of Contents

Table of Contents	D
Introduction	1
Mission Statement	2
Core Values	3
Organizational Goals	4
Vision Statement	5
Eligibility Requirements	6
Fee Structure	7
Glossary of Terms	8
AAIM Accreditation Processes	10
Planning for Accreditation.....	10
General Submission Instructions.....	10
Requests for Information.....	10
Application Process.....	10
Self-Evaluation Report	12
Site Visit	13
Length of Visit.....	13
Assignment of AAIM Site Visit Team.....	13
Fees.....	14
Agenda for the Visit.....	14
Exit Interview.....	14
Site Visitors' Report	15
AAIM Accreditation Commission Review	16
Notification of Commission Decisions.....	16
Reapplication Process.....	16

American Association of Integrative Medicine Accreditation Manual

Appeals Process.....	17
Grounds for Appeal and Standard of Review.....	17
Appeal Procedures.....	18
Appeal Fees and Expenses.....	18
Maintaining Accreditation Status.....	19
Renewal Report.....	19
Revocation of Accreditation.....	19
Standards for Integrative Medicine Clinics.....	21

Introduction

The American Association of Integrative Medicine (AAIM) was founded in 2000 by Dr. Robert L. O’Block in an effort to inform and educate people about the benefits of integrating Eastern and Western medicine. He hoped AAIM would help promote the idea that traditional and complementary approaches could work together to improve the clinical outcome of patients. In contrast to traditional methods of disease management, AAIM is focused on establishing integrative treatment protocols—including allopathic medicine where appropriate—that result in improved clinical outcomes.

AAIM promotes higher standards of professional competence by evaluating the candidacy of its applicants, establishing guidelines, and confirming the professional identity of its members. AAIM believes “healthy” means more than just the absence of disease, and the organization strives to provide a gathering place for healers, educators, and researchers who share this belief.

The American Association of Integrative Medicine is:

- Dedicated to scientifically validating and preserving global indigenous therapies that have stood the test of time.
- Committed to supporting the development and validation of new, innovative therapeutic approaches that show promise toward safe, cost-effective, and non-invasive management of chronic mind/body conditions.
- Dedicated to education and research relating to the impact of changing nutritional, ecological, and stress-related aspects of modern life on human health.
- A place where unbiased practitioners pursue their goals without domination by any one school of medical thought.

The Commission is dedicated to obtaining information that will allow it to fairly and consistently determine compliance with the AAIM accreditation standards. Suggestions for improvement of the process are encouraged.

Mission Statement

The AAIM Accreditation Program will ensure safe and effective patient care of the highest value and quality by developing and maintaining practice-based standards and using them to facilitate voluntary evaluation of integrative medicine clinics, training programs, and certification programs.

Core Values

The AAIM Accreditation Program is based on the core values of patient safety, leadership, quality service, research-based practice, and professional accountability. Patient safety is assured through development of and mandated adherence to professional standards for patient care. Leadership is demonstrated through ongoing commitments to best professional practice and evaluation procedures to ensure that integrative medicine clinics, training programs, and certification programs meet threshold expectations of excellence and that their services will improve over time. Quality services are guaranteed through a rigorous process of self-study and site visitation by accreditation team members, who document and evaluate clinic and program policies, procedures, and practices and mandate changes to ensure compliance with professional standards. Research-based practices are promoted through opportunities to publish in the Association's professional journal and to present findings at the Association's national conference. Professional accountability is established and maintained through the ongoing work of the AAIM Accreditation Commission, whose mission it is to ensure safe and effective patient care of the highest value and quality.

Organizational Goals

The activities of the AAIM Accreditation Program will allow it to:

- Establish a premier market presence
- Promote research-based best practices
- Ensure professional accountability
- Inform the public of both the field and value of integrative medicine

Vision Statement

The AAIM Accreditation Program will be the premier approach to ensure the delivery of high-quality, cost-effective, and integrative medical services in the twenty-first century.

Eligibility Requirements

Who Is Eligible for AAIM Accreditation?

Entities that perform integrative medicine procedures are eligible for accreditation under the American Association of Integrative Medicine. Training and certification programs in integrative medicine are also eligible. Since the beginning of the accreditation program, AAIM has completed surveys for diverse integrative medicine specialties.

Entities must meet all of the following criteria to be eligible for accreditation under the AAIM Accreditation Standards for Integrative Medicine Clinics:

- Entities must operate lawfully under state and federal regulations
- All integrative medicine practitioners must have a current state license with no disciplinary action
- The entity has a process for assessing the quality of its services that involves a review of care by clinicians from outside or within the practice
- The entity is located within the United States or its territories
- The entity agrees to grant AAIM and its site visit team access to all records that are necessary to determine compliance with the standards

Practices may work with the AAIM Accreditation Commission to identify equivalencies to meet these requirements.

Integrative medicine training and certification programs must meet all of the following criteria to be eligible for accreditation under the AAIM Accreditation Standards for Training and Certification Programs:

- Organizations must operate lawfully under state and federal regulations
- All instructors must be properly licensed or certified to teach the program, according to state laws and regulations
- The organization has a process for assessing the quality of its services that involves a review of curriculum by experts in the field from outside or within the organization
- The organization is located within the United States or its territories
- The organization agrees to grant AAIM and its site visit team access to all records that are necessary to determine compliance with the standards.

A typical on-site survey lasts 1-2 day(s). On-site surveys for entities that have more than one office and still meet all of the above criteria may require additional time. Please forward questions concerning the eligibility of your practice and/or program to the Chief Association Officer of AAIM at (877) 718-3053 or cao@aaimedicine.com.

Fee Structure

Application for Candidacy: \$2,000. A non-refundable fee that covers expenses associated with analysis and review by AAIM accreditation staff and the AAIM Accreditation Commission.

Self-Evaluation Report: \$2,000. A non-refundable fee that covers expenses associated with a comprehensive analysis by the AAIM Accreditation Commission to measure the integrative medicine entity's compliance with the AAIM Standards of Accreditation.

Site Visit: \$3,000 flat fee plus \$500/day per site visit team member. This fee covers a site visit (length of visit will depend on size and complexity of entity) with an AAIM site visit team.

Renewal Fee: \$250/year. This fee is paid annually during the five-year accreditation period. This fee is accompanied by a renewal form to be completed by the integrative medicine entity.

Glossary of Terms

AAIM Accreditation Commission-A group of professionals who are responsible for establishing and maintaining AAIM accreditation standards, as well as, performing surveys of accreditation applicants to insure compliance with these standards. (Please see Section # on Accreditation Commission)

AAIM Accreditation Staff- Staff members who are responsible for facilitating accreditation the accreditation process.

AAIM Approved Consultant-An individual who provides expert, professional advising services relating to all aspects of the AAIM accreditation process.

Accreditation-A formal process by which an accrediting body (AAIM), assesses and recognizes that a healthcare organization meets applicable pre-determined standards.

Activity Documentation Review-The form of data collection that allows the AAIM Accreditation Commission to determine if the documentation that has been presented meets the minimum requirements of the AAIM standards. This review occurs during an accreditation site visit.

American Association of Integrative Medicine- The association which sponsors this innovative accreditation program and is dedicated to education and research relating to the impact of changing the level of quality of health care organizations.

Application for Candidacy-The initial form completed by applicants to determine their eligibility for accreditation by AAIM.

Approval-An agreement established by authority (AAIM Accreditation Commission) which acknowledges that the operations of a health care organization have met specific minimum acceptable practice criteria and standards.

Candidacy-The phase of accreditation through which the AAIM Accreditation Commission evaluates the required documentation to determine if a health care organization is eligible for AAIM accreditation.

Compliance-Adherence of a health care organization to specific standards established by AAIM.

Entity- An established organization of individuals who are bound by common characteristics, especially dedicated to health care, education, or public service.

Exhibit – Supplemental information that accompanies an entity’s responses on the self-evaluation report.

Initial Accreditation-The original term in which a health care organization is approved for AAIM accreditation.

Inquiry-A request that is made by an accreditation applicant for the purpose of obtaining more information on the accreditation process.

Non-compliance-Failure or refusal to adhere to specific standards established by AAIM.

Provider-Any clinic or other facility in which skilled medical services are prescribed by or performed under the general direction of persons licensed or certified to practice integrative medicine in their state of residence.

American Association of Integrative Medicine Accreditation Manual

Rejection-Refers to the term used when an application for AAIM accreditation is not approved as a candidate.

Sanction-A meeting of the AAIM Accreditation Commission to discuss and either approve or reject standards of accreditation.

Self-Evaluation Report-A detailed document that describes and analyzes specific aspects of an organization to determine whether it complies with AAIM accreditation standards.

Standard-A benchmark of minimum acceptable practice that a health care organization must comply with in order to be approved for accreditation.

Suspension-To discontinue the approval of accreditation for a specific organization due to non-compliance of required AAIM standards until the issue is resolved.

AAIM Accreditation Processes

Planning for Accreditation

The administration of an integrative medicine entity determines when it is ready to apply for candidacy and self evaluation. Integrative medicine entities considering accreditation should carefully review the eligibility requirements found in this manual. Any initial questions should be directed to the American Association of Integrative Medicine at (877) 718-3053 or by e-mail at cao@aaimedicine.com.

General Submission Instructions

1. All submissions to AAIM Accreditation staff and the Accreditation Commission must be well-organized and follow the below specifications. All submissions must:
 - a. Be typewritten, clear, and legible
 - b. Include a signed document attesting to the accuracy of the information
2. If further instructions on completing a form or document are needed, an entity may, upon request, receive additional instructions from the AAIM Accreditation staff either by telephone, letter, or e-mail.
3. AAIM requires that all documentation be submitted in English or accompanied by an appropriate English translation.
4. All information submitted for review must be certified as true and correct by the highest ranking staff or faculty at the entity.
5. Late fees will apply to all applications, reports, and responses that have a specific deadline. A \$500 late processing fee will be assessed and due the day following the due date of a report, application, or response. If an entity requests an extension of a prior due date, the late fee will be reduced to \$250

Requests for Information

The AAIM Accreditation Commission and/or AAIM Accreditation staff may, at any stage in the accreditation process, request an entity to produce documentation that it deems pertinent and relevant to an accreditation action. Failure to produce such documentation in the manner and within the time frame established may result in action being taken by the AAIM Accreditation Commission, including denial or withdrawal of accreditation.

Application Process

An integrative medicine entity seeking initial accreditation must fill out the Application for Candidacy, which can be obtained from the AAIM Web site. The application is reviewed by the AAIM Accreditation Commission, and candidacy is granted based on the entity's potential to achieve AAIM accreditation. On the application, entities must provide:

American Association of Integrative Medicine Accreditation Manual

- General information about their entity
- Evidence of current State licenses and approvals (where appropriate)
- A signed attestation to follow the AAIM Accreditation Code of Conduct
- Legal nature of the entity
- Staff and practitioner information
- Accreditation history
- Financial information

The application must be accompanied by the required exhibits and the non-refundable application fee. At any point in the application process, applicants can contact AAIM Accreditation staff at (877) 718-3053 or by e-mail at cao@aaimedicine.com for questions, clarification, etc.

Should an entity submit an Application for Candidacy that does not minimally establish that it meets the AAIM eligibility criteria, the entity will be given an opportunity to submit additional information in support of its application. If the application cannot be accepted within six months following the date of initial submission, the application may be rejected without a refund of the application processing fee. A school whose application is rejected may appeal in accordance with the procedures set forth in the *AAIM Accreditation Processes and Procedures*.

Candidate status does not guarantee that an entity will achieve initial accreditation. A list of integrative medicine entities that have achieved candidate status is maintained on the AAIM Web site under “Candidates for Accreditation.” (This Web site is available to the public.) Once candidacy is granted to an entity, it may use the terms *candidate* and *candidacy* in reference to AAIM accreditation with staff and faculty members and interested members of the public.

An Application for Candidacy will be considered expired when:

1. The Self-Evaluation Report is not submitted within six months from the date that the application is accepted, or
2. The entity is not ready to receive a site visit within 12 months from the date that the entity’s application is accepted

There will be no refund of the application fee once an application has expired.

An Application for Candidacy will be accepted only when it is deemed complete and demonstrates compliance with the AAIM Accreditation eligibility criteria and standards. Initial applicant entities are expected to comply with the AAIM Accreditation Standards in place on the date that the entity’s Application for Candidacy is accepted.

When an entity is granted candidate status, its administration will receive a copy of the Self-Evaluation Report Template.

Self-Evaluation Report

An essential component for the comprehensive assessment of AAIM Accreditation Candidates is the Self-Evaluation Report. To prepare the Self-Evaluation Report, candidates use the Self-Evaluation Report Template. The assistance of the candidate's administration, practitioners, faculty, staff, and other individuals involved in the candidate's operations is highly encouraged in the self-evaluation process because of the sheer work volume necessary for successfully completing this report.

The purpose of the Self-Evaluation Report is to demonstrate the extent to which the candidate is in conformity with the AAIM Accreditation Standards. Administrators and staff are responsible for presenting evidence that clearly indicates how the AAIM Accreditation Standards are being met. The Accreditation Commission has an expectation that each entity will incorporate the self-evaluation process as a permanent part of its operations.

The Accreditation Commission may require the submission of a Self-Evaluation Report at any time as deemed necessary.

The Self-Evaluation Report serves as the primary document used by the AAIM site visit team and the AAIM Accreditation Commission to understand the candidate. Site visitors will use the Self-Evaluation Report in preparation for their visit to the candidate. As such, the AAIM Accreditation Commission reviews all Self-Evaluation Reports to ensure that they are completed properly and that the candidate is ready for the site visit process. If the Commission finds discrepancies with the report, clear instructions will be given pertaining to how these can be resolved by candidates prior to scheduling a site visit.

Site Visit

A site visit will be conducted on all candidates who successfully demonstrate conformity to appropriate AAIM Accreditation Standards through the Self-Evaluation Report. Site visits are an essential part of the accreditation process, and AAIM accreditation staff coordinates them. AAIM Accreditation site visits are conducted by a team of subject matter experts whose job it is to verify correspondence between the Self-Evaluation Report and the actual practices of the candidate.

The site visit takes place for a number of reasons. It gives the candidate an opportunity to demonstrate and highlight information presented in the Self-Evaluation Report. It also provides for interaction among all administrators, practitioners, staff, and site visitors. In this way, the site visit allows the site visitors an opportunity to see the workings of the candidate firsthand.

A site visit is a required element of the following processes:

1. Application for accreditation (initial or renewal)
2. Substantive changes have occurred within the accredited entity.
 - A site visit may be required on an announced or unannounced basis as necessary to assist in the determination of compliance with AAIM standards and requirements.

An AAIM Accreditation staff member will accompany the site visit team during all site visits to ensure consistency, provide technical assistance and guidance on accreditation standards and rules, and serve as the liaison between the site visit team and the Accreditation Commission.

Length of Visit

Accreditation site visits are typically scheduled for a minimum of two days. However, the length depends on several factors including the size and complexity of the entity, the number of programs involved, and other unforeseen factors. Correspondence from AAIM will indicate the precise dates of the visit.

Assignment of AAIM Site Visit Team

Each site visit is conducted by a team with specific expertise and knowledge. A site visit team for the review of a single program typically has a minimum of three (3) members. If a team member becomes ineligible or unable to serve, another site visitor with comparable qualifications will be appointed. The site visit team is made up of three or more members, depending on the specifics of the candidate. One member is designated as chairperson of the team.

Fees

AAIM will invoice the entity according to the existing fee schedule prior to the accreditation site visit. Payment is expected prior to the visit, or the accreditation visit will be cancelled.

Agenda for the Visit

Prior to the scheduled site visit, a tentative agenda is prepared by AAIM staff and sent to the site visit team chairperson, who is responsible for forwarding it to other members. Activities usually planned to take place during the visit include:

- Preliminary and closing meetings with administrators
- Meetings with:
 - faculty
 - administrative officers of the entity
 - students (applies to training and certification programs)
 - support service personnel
- Visits to:
 - additional locations or campuses (if appropriate)
- Review of:
 - additional data to clarify and amplify the Self-Evaluation Report
 - materials prepared by the faculty and staff (if applicable)
 - appropriate records of faculty, staff, practitioners, patients, and students (if applicable)
 - Clinical and/or classroom observations

Exit Interview

At the conclusion of a site visit, whenever practicable, the team will hold an exit interview with the entity's director, manager, and any other staff the entity's director wishes to have present. During this interview, the team will present its preliminary findings in relation to the entity's compliance with accreditation standards.

Site Visitors' Report

Based on their findings during the visit, the site visit team will make a recommendation for the accreditation status of the candidate to the AAIM Accreditation Commission. The site visitors compile their findings into an accurate, complete, and well-organized report, which is presented to the AAIM Accreditation Commission after the conclusion of the site visit. The site visit team chairperson is responsible for presenting this report to the Commission. Team members provide the chairperson with comments, and each will draft assigned sections of the report. This is completed so commission members have a clear and complete understanding of the entity before they make the accreditation decision.

A draft of the report is mailed to the administrator of the candidate entity for review. Accompanying this report is the Compliance Correction Form and a timeline by which the candidate needs to correct non-compliance issues. The completed original Compliance Correction Form must be received by AAIM within two weeks after the entity receives the draft report. Comments are shared with the team chairperson who then decides whether the report is to be changed. The corrected final report will become part of the permanent materials relating to the accreditation site visit, as will the Compliance Correction Form submitted by the entity.

The final report will be sent to the candidate and the site visit team members prior to the AAIM Accreditation Commission review.

AAIM Accreditation Commission Review

The preeminent role of the AAIM Accreditation Commission is to assure that the process of peer evaluation has been carried out according to the AAIM Accreditation Standards. The Commission members review the findings of the site visit team as presented in the Site Visitors' Report compared to the program Self-Evaluation Report and make a recommendation for accreditation status. The AAIM Accreditation Commission validates the work of the site visitors and notes points of agreement and raises any questions where disagreement or a lack of clarity exists. Site visitors are available by telephone during commission deliberations and may enter into discussion with the Commission to assure an accurate understanding of the Site Visitors' Report. The aim is to promote a seamless review that has integrity and does justice to the entity under review. The role of the professional staff is to facilitate the work of both review groups.

The AAIM Accreditation Commission then examines the reports written by and about the program (Self-Evaluation Report and Site Visitors' Report). The final step is a review of the process and the decision on accreditation status by the AAIM Accreditation Commission.

Notification of Commission Decisions

The final decision by the AAIM Accreditation Commission will be sent to the applicant. This correspondence will detail all deficiencies and include suggested methods for improvement. It will also detail the appeal options, time frames for future responses, and contact information of AAIM staff who can answer questions about key aspects of the final decision.

This correspondence will also detail for the applicant how to advertise their accreditation status. Applicants must truthfully represent the scope of the accreditation awarded by AAIM in all advertising and promotion. Applicants are not to imply in any way that the conferred status covers more than the specific scope identified in official correspondence from the AAIM Accreditation Commission. Applicants are not allowed by AAIM to make any public statements concerning future accreditation status that has not yet been conferred.

Reapplication Process

If an applicant is denied accreditation, this applicant must allow a period of six months to elapse before reapplication can take place.

Appeals Process

Every applicant has a right to a fair review and due process in the handling of their application. AAIM Accreditation staff will follow the established systematic appeals procedure.

The appeals procedure specified below is the exclusive remedy for an entity that believes that an adverse accreditation decision by the AAIM Accreditation Commission is unwarranted.

1. Only adverse accreditation decisions made by the AAIM Accreditation Commission are subject to appeal. Adverse accreditation decisions are:
 - a. Denial of an application for accreditation (initial or renewal);
 - b. Denial of a substantive change application; and
 - c. Revocation of accreditation
2. During an appeal, an accredited entity remains accredited until the final disposition of the appeal.
3. The Accreditation Commission will not consider petitions for reinstatement or petitions for reconsideration.

Grounds for Appeal and Standard of Review

1. An integrative medicine entity affected by an adverse accreditation action taken by the Accreditation Commission may appeal that decision if it has reason to believe the Commission's decision was arbitrary, erratic, or otherwise in substantial disregard of the criteria or procedures of the Commission, or not supported by substantial evidence in the record on which the Commission took action.
2. On appeal, the entity has the burden of proof.
3. The Appeals Panel will only consider that information that was before the Accreditation Commission at the time that the adverse action was taken.
4. The record on an appeal will include, as applicable, the Letter of Intent to Appeal, Grounds for Appeal, Site Visitors Report(s), Commission action letter(s), entity response(s), and other documents relevant to the appeal.
5. The appeal fee and all other fees due to the Accreditation Commission must be paid in full in order to have standing to appeal a Commission decision.

Appeal Procedures

1. Letter of Intent to Appeal: To initiate an appeal process the entity must submit a Letter of Intent to Appeal accompanied by the required appeal fee, within 30 days after receiving official notice of the adverse accreditation decision.
2. The entity must set forth in the Grounds for Appeal its case relative to its belief that the Commission's decision was arbitrary, erratic, or otherwise in substantial disregard of the criteria or procedures of the Commission, or not supported by substantial evidence in the record on which the Commission took action. The written Grounds for Appeal must be prepared and presented in accordance with the Commission's established process and requirements.
3. Only evidence previously submitted to the Commission may be included in a submission to the Appeals Panel. The Grounds for Appeal may not include information or documentation that was not in the record at the time that the Commission took the adverse action. The Grounds for Appeal must include a reference to where information and documentation can be found in the record at the time that the Commission took the adverse action.
4. The appeal will be heard within 60 days of receipt of the entity's Letter of Intent to Appeal unless reasonable circumstances prevent the hearing of the appeal in that time frame.

Appeal Fees and Expenses

1. Each entity appealing a Commission decision is required to pay the established appeal fee, in accordance with Commission requirements.
2. The expenses incurred in the development and presentation of an appeal, including the fee for the application to appeal, are borne by the entity filing the appeal, as indicated in these *Policies & Procedures*.

Maintaining Accreditation Status

Renewal Report

1. Application for Renewal of Accreditation
 - a. The completed application is due to the AAIM office within 45 days of receipt and must include:
 - i. The completed application form;
 - ii. All required attachments; and
 - iii. The application fee.
 - b. An Application for Renewal of Accreditation will be accepted only when it is deemed complete and demonstrates compliance with the AAIM Accreditation eligibility criteria and scope requirements.
 - c. If an entity submits an Application for Renewal of Accreditation that does not minimally establish that it meets the Commission's eligibility criteria and scope requirements, then the entity will be given an opportunity to submit additional information in support of its application.
 - d. If the resubmitted Application for Renewal of Accreditation cannot be accepted, the Commission will take appropriate action, which may include withdrawal of the entity's accreditation. An entity whose accreditation is withdrawn in the application process may appeal the decision.

Revocation of Accreditation

1. Following due process, the Commission may revoke the accreditation of an entity any time it fails to demonstrate compliance with accreditation requirements and for any of the reasons, or combination thereof, described below.
 - a. Failure to continue to meet the eligibility requirements for accreditation set forth.
 - b. Failure to demonstrate compliance with the AAIM Accreditation Standards or other accreditation requirements.
 - c. Failure to file an Application for Renewal of Accreditation or Self-Evaluation Report.
 - d. Failure to file a substantive change application.
 - e. Failure to cooperate in a required site visit conducted on an announced or unannounced basis.
 - f. Failure to notify the Commission in a timely manner of any material change in the way the entity conducts its business or the circumstances in which it operates.

American Association of Integrative Medicine Accreditation Manual

- g. Failure to pay any required fees within the time frame established by the Commission.
 - h. Failure to comply with a Commission order or directive.
- 2. The Commission may, at its discretion, deny an application for accreditation (initial or renewal), deny the transfer of accreditation in conjunction with a change of ownership application, or revoke an entity's accreditation at any time.
- 3. Upon receipt of notification from the Commission that revocation of accreditation is final, the entity must:
 - a. Immediately inform all clientele that accreditation by AAIM has been withdrawn.
 - b. Delete all references to and claims of AAIM Accreditation from catalogs, advertising, and promotional materials immediately and in no event later than 30 days after withdrawal of accreditation.
- 4. The entity may reapply no sooner than nine months from the date on which the revocation or denial of accreditation became effective.

Standards for Integrative Medicine Clinics

These Accreditation Standards serve as benchmarks in helping the entity's staff and administration evaluate important aspects of their organization's practices. AAIM has developed these standards with the advice and cooperation of outstanding authorities on accreditation. The Accreditation Commission has adopted the language below as "Standards." The standards provide a level of minimum acceptable policy and practice for the evaluators and Commission Members as they evaluate an organization as part of the accrediting program.

The following standards are organized into 11 topical areas and headings, as indicated by the Roman numerals. The italicized statement after each heading is an "editorial" summary of the standard. The actual Standard is what follows. Accredited Integrative Medicine clinics possess the following characteristics:

I. PRACTICE ETHICS

Patients receive adequate information about the person(s) responsible for the delivery of their care, treatment, and services.

I.A. If requested by the patient, information is given about the following:

- The licensed practitioner(s) responsible for the procedure or service
- The licensed practitioner or staff member primarily responsible for their case.
- Others authorizing or performing specific procedures and treatment

I.B. If requested by the patient, disclosure information about the practitioner's licensure and relevant education, training, and experience in performing the planned procedure or medical service is released.

Note: *This information can be provided in any written format that the clinic chooses.*

I.C. Each patient has the right to be informed of any educational activities related to care and can refuse to participate in any such activity without that refusal compromising usual care.

I.D. The clinic respects the patient's right to and need for effective communication and provides reasonable services (i.e., translation services, technology accommodations) to insure same.

I.E. The clinic addresses the resolution of complaints from patients and their families.

I.F. The clinic informs patients and staff about the complaint resolution process.

I.G. The clinic provides for the safety and security of patients and their property.

I.H. The clinic addresses the needs of those with physical and visual impairments for physical access to the facility.

I.I. Written materials (ads, brochures, fact sheets, and newsletters) truthfully describe the personnel, programs and services provided.

American Association of Integrative Medicine Accreditation Manual

II. PLANNING CARE, TREATMENT, AND SERVICES

The practice respects the needs of patients for confidentiality, privacy, and security.

- II.A. The clinic protects confidentiality of information about patients based on all state and federal laws.
- II.B. The clinic respects the privacy of patients.
- II.C. The clinic informs the patient of any research activities related to his/her care, and the patient has the right to refuse this activity.
- II.D. Written or electronic records demonstrate determination of needs regarding functional status, psychological and social well-being during the initial evaluation.
- II.E. Development of a plan for care, treatment, and services is individualized and appropriate to the patient's needs, strengths, limitations, goals and diagnosis.
- II.F. Written or electronic records demonstrate that a signed release of information is obtained prior to the release of any patient records.
- II.G. Patients may receive copies of medical records within a reasonable time period determined by the clinic and be charged a reasonable fee for photocopying services.
- II.H. The clinic meets all HIPAA compliance requirements.

III. STANDARDS FOR THE ADMINISTRATION OF MODERATE OR DEEP SEDATION OR ANESTHESIA (IF APPLICABLE)

Patients are monitored during the procedure and/or administration of moderate or deep sedation or anesthesia.

- III.A. The procedure and/or the administration of moderate and/or deep sedation or anesthesia for each patient is documented according to clinical procedures in the medical record or by computer monitoring.
- III.B. Blood pressure, heart rate, and respiratory frequency are continually monitored.

IV. PLANT & MEDICATION SAFETY

Facility meets safety requirements, and all medications and/or supplies, if any, are consistently available, controlled, and secured.

- IV.A. Emergency medications are sealed or stored in containers in such a way that staff can readily determine that the contents are complete and have not expired.

American Association of Integrative Medicine Accreditation Manual

- IV.B.** Medications dispensed by the clinic are retrieved when recalled or discontinued by the manufacturer or the Food and Drug Administration for safety reasons.
- IV.C.** The facility appears to be clean, uncluttered, and utilizes space functionally to allow practitioners to have designated treatment space.
- IV.D.** The facility appears to be safe for the clients or patients, and for the staff (meets applicable ADA and OSHA requirements).
- IV.E.** Emergency exits are easily identified, clearly marked, free of obstructions, and accessible during emergency situations or power outages.
- IV.F.** Written personnel policy describes employee actions to be taken during fire drills, actual fires, and other life threatening situations.

V. ADMINISTRATION

Medications are safely and accurately administered.

- V.A.** Policies and procedures address health care staff who are allowed to administer medications, with or without supervision, consistent with law or regulation and practice policy.
- V.B.** Before administering a medication, the licensed practitioner or qualified individual administering the medication does the following:
 - Verifies that the medication selected is the correct one based on the medication order and product label.
 - Verifies that the medication is stable based on visual examination and that the medication has not expired.
 - Verifies that there is no contraindication for administering the medication.
 - Verifies the patient information is correct before administering medication.
- V.C.** A daily log containing date, time, and initials is kept for all temperature-sensitive and refrigerated control medications.
- V.D.** Medications are administered by or under the supervision of appropriately licensed staff consistent with law, regulation, and practice procedures.

VI. PREVENTION AND CONTROL OF INFECTIONS

An effective Infection Control program that meets OSHA standards is in place and identifies the risks for the acquisition and transmission of infectious agents on an ongoing basis.

American Association of Integrative Medicine Accreditation Manual

- VI.A.** The risk analysis is formally reviewed at least annually and whenever significant changes occur.
- VI.B.** Surveillance activities, including data collection and analysis, are used to identify infection prevention and control risks pertaining to the following:
- Patients
 - Licensed practitioners, staff, and student/trainees
 - Visitors
- VI.C.** The infection control program is managed effectively.

VII. IMPROVING PRACTICE PERFORMANCE

The practice collects data to monitor the stability of existing processes, identify opportunities for improvement, and identify changes that lead to improvement or sustain improvement.

- VII.A.** The clinic collects data on the perceptions of care, treatment, and services of patients, including the following:
- Their specific needs and expectations
 - How well the practice meets these needs and expectations
- VII.B.** The clinic collects data that measures the performance of each of the following potentially high-risk processes, when provided:
- Medication Management
 - Blood and blood product use
 - Operative and other procedures that place patients at risk
 - Critical incident debriefing
- VII.C.** The collected data is regularly analyzed and used to improve clinic services.
- VII.D.** Undesirable patterns or trends in performance are analyzed.
- VII.E.** An analysis is performed for:
- All serious adverse drug events
 - All significant medication errors
 - Adverse events or patterns of adverse events during moderate or deep sedation and anesthesia use.
 - Errors and omissions in patient assessment for surgery or other treatments resulting in significant adverse clinical events.

American Association of Integrative Medicine Accreditation Manual

VIII. MANAGEMENT OF THE ENVIRONMENT OF CARE

The clinic maintains a safe environment that meets OSHA standards.

VIII.A. The clinic conducts environmental tours at least every six months in all areas where individuals are served. The areas examined during these tours include safety, security, hazardous materials and wastes, emergency management, fire/life safety, medical equipment, and utilities management.

VIII.B. The clinic manages medical equipment risks.

VIII.C. The clinic defines intervals for inspecting, testing, and maintaining appropriate equipment that are based upon criteria such as manufacturers' recommendations, risk levels, and current practice standards. The outcome of these inspections is properly documented.

IX. MANAGEMENT OF HUMAN RESOURCES

The practice provides an adequate number and mix of staff and licensed practitioners consistent with the clinic's staffing plan.

IX.A. Personnel files demonstrate that all staff and licensed practitioners have the necessary training and education to work in an integrative medicine clinic environment.

IX.B. Staff and licensed practitioners, as appropriate, can describe or demonstrate their roles and responsibilities relative to safety.

IX.C. There is a process for ensuring the competence of all practitioners permitted by law and the clinic to practice independently.

IX.D. All licensed practitioners who provide patient care possess a license, certification, or registration as required by law and regulation.

IX.E. Each surgeon's and licensed practitioner's credentials file contains sufficient documentation to show that professional credentials have been verified and evaluated.

X. MANAGEMENT OF INFORMATION

The clinic has a policy for ensuring that privacy and confidentiality are maintained. The policy is consistent with law and regulation.

X.A. The practice has a complete and accurate written or electronic medical record for individuals assessed or treated. The record must include, but is not limited to, the portion that is made by physicians and is a written or transcribed history of various illnesses or injuries requiring medical care, including inoculations, allergies, treatments, prognoses, and frequently updated health information about immediate family, occupation, and military service.

American Association of Integrative Medicine Accreditation Manual

- X.B.** Only authorized individuals make entries in the medical record.
- X.C.** Medical record entries include the date and time; the author is identified and, when necessary according to law or regulation or clinic policy, is authenticated, either by written signature, electronic signature, or computer key or rubber stamping the following:
- The history and assessment of needs
 - Operative reports
 - Follow-up or discharge orders
 - Any physical examination
- X.D.** The medical record contains sufficient information to identify the patient; support the diagnosis/condition; justify the care, treatment, and services; document the course and results of care, treatment, and services; and promote continuity of care among providers.

XI. BUSINESS PRACTICES

The clinic keeps proper records for administrative policies and legal documentation.

- XI.A.** Written administrative policies are reviewed and updated annually describing the day-to-day business activities and facility operation.
- XI.B.** Legal documents (i.e. business license, controlled substance certificate, health permit, professional licensure certificates, inspection certificates) required for facility operation are available for review on-site or on public display.
- XI.C.** General liability insurance exists for the facility.
- XI.D.** Professional liability (malpractice) insurance exists for all licensed personnel.



AAIM

American Association of Integrative Medicine

2750 E Sunshine St
Springfield, MO 65804

Phone: (877) 718-3053
(417) 881-9995

Fax: (417) 823-9959

www.aaimedicine.com

