

Directions for Accreditation

Submit AAIM Candidate Application in one three-ring binder to the American Association of Integrative Medicine. *Be sure to keep a separate copy for your use during the accreditation process.*

Mailing Address:

AAIM Accreditation Department
2750 E. Sunshine
Springfield, MO 65804

Once your application has been approved by the AAIM Accreditation Commission, you will be sent the Self-Evaluation Report by mail or e-mail. Once the Self-Evaluation Report is completed, **submit one electronic copy** of the Self-Evaluation Report narrative and attachments in PDF format by email to jessica@aaime.com or by mail in CD-ROM format.

Failure to adhere to the submission requirements will result in the return of your Self-Evaluation Report, additional fees, and delay in the accreditation process.

The Self-Evaluation Report must be shipped via a method that has a reliable, electronic, Web-enabled delivery tracking system.

AAIM's Review of a Provider's Performance in Practice

AAIM's review of a provider's performance in practice is through activity documentation review. This is an opportunity for the provider to verify the activity has met AAIM's standards. Providers should submit any and all activity material that demonstrates how the organization meets the AAIM Accreditation Standards.

Benefits of Accreditation

- Provides a reliable indicator of the accredited organizations quality in Integrative Healthcare
- Accreditation is an external source of motivation through which to improve educational programs, services and staff through periodic self-studies and evaluations by an outside agency.
- Assures high standards and quality through the organization's adherence to nationally established criteria, policies, and standards in the Integrative Healthcare field
- Allows an institution and its programs to be listed in the AAIM Directory of Accredited Institutions
- Shows concern for public protection through compliance with National educational standards
- Demonstrates that the organization's leadership pursues higher standards
- Increases market visibility, credibility, income, and prestige

Directions for Accreditation

Definition of Accreditation

Accreditation is a voluntary process in which an organization certifies its competency, authority, and credibility. Michael S. Hamm, author of *The Fundamentals of Accreditation*, defines accreditation as “a conformity assessment process where an organization or agency uses experts in a particular field of interest or discipline to define standards of acceptable operation/performance for organizations and measure compliance with them.”

AAIM Fee Structure

AAIM realizes the importance and impact that Integrative Medicine can have on the health care market. Our goal is to promote efficient and effective voluntary standardization in the field of Integrative Medicine in order to advance national standards, support sustainable development, and benefit the health, safety, and welfare of the public. In addition, the AAIM is setting forth goals toward policies and procedures for the development of a singular National Standard, recognizing accreditation and equivalent systems as a means of promoting excellence in Integrative Medicine.

Disclaimer

This service is provided without warranty of any kind, including the implied warranties of merchantability, fitness for a particular purpose, and title and non-infringement. The applicant answers that are submitted to AAIM are received and treated as truthful; AAIM does not bear any responsibility or liability for its accuracy as here available or as received, although every effort will be made to verify validity. In no event will AAIM be liable for any loss of profits or savings or for any damage or expenses incurred by any person, whether direct, special, incidental, or consequential. AAIM has not endorsed or approved any information, products, or services unless otherwise indicated within the material. Advertisements appearing in any form should not be construed as any type of endorsement by AAIM or any of our third party organizations (unless otherwise noted) of the advertisement, the advertiser or the advertiser's organization, system, product, or service.

Applicants certify that the information they have provided to AAIM is true, correct, and complete. They are required to provide documentation, and we reserve the right to verify any and all information that is provided. If an applicant misrepresents credentials, refuses to provide documentation at a later time if asked, or allows approval with AAIM to lapse, the applicant understands and agrees that their approval status will be revoked and terminated. Applicants agree to notify AAIM in writing of any civil, criminal, or complaint that is made against them. They also agree to hold harmless and indemnify AAIM and its officers, directors, employees, and agents for any misrepresentation of their credentials and for all claims, loss, judgment, or expenses. AAIM does not endorse, guarantee, or warrant the work or opinions of any individual members. Accreditation does not imply licensing. The views expressed by individual practitioners or members are their own views and do not necessarily reflect those of AAIM. AAIM does not assume any responsibility or liability for its applicants' efforts to apply or utilize the information, suggestions, or recommendations made by the organization.

| What You Pay | When You Pay | Fee | What it Covers |
|--|--|-------------------------------|---|
| <i>Application and Evaluation Fees</i> | | | |
| Application Fee | Upon submission of Accreditation Candidate Application | US \$300 Non-Refundable | Initial Screening and review of application |
| Standards Screening | On return of self evaluation report | US \$2000 | Screening of the completed self evaluation report related to standard issues. |
| <i>On-site Evaluation Fee</i> | | | |
| On-site Evaluation Fee | Immediately prior to the site visit | US \$600 per person | Fixed Fee to cover expenses and evaluations fee |
| On-site Evaluation Fee | Immediately prior to the visit | Expenses | Variable fee to cover airfare, hotel, and per diem |
| Approval Fee | Due on signing of accreditation agreement | US \$2000 | Covers development and promotional costs |
| Annual Renewal Fee | Due each year following approval | US \$250 | Covers development and promotional costs |
| <i>Supplementary fees for additional work</i> | | | |
| Late Payment Administration Fee | Late payments of invoices | 2%/month | Additional Administration |
| Suspension Administrative Fee | If accreditation is suspended | US \$1000 | The additional administration during the suspension period |
| <i>Penalty Fees</i> | | | |
| Late submission or rejection of annual reports | Within one month of notification | Up to US \$500 | Extra administration and meeting costs |
| Failure to fulfill contractual obligations including non-compliance with condition timelines | Within one month of notification | Up to US \$1000/per incidence | Extra administration and meeting costs. Sanction |
| Failure to implement a previously resolved condition | Within one month of notification | Up to US \$1000/per incidence | Extra administration and meeting costs. Sanction. |
| Condition | Notification | Incidence | Meeting costs. Sanction |

All fees are non-refundable and subject to change. Reapplication and re-evaluation fees occur every five years, unless otherwise instructed. In years with no reapplication, the annual renewal fee is paid.

Staff fee

An applicant may contact AAIM with questions. Applicants will be advised if assistance from a consultant is recommended. If a staff member is able to assist, there will be a charge of \$150/per hour. This fee is expected to be paid at the time of service via a credit card (Visa, MasterCard, or American Express).

Consultants Fee

An applicant may elect to use an AAIM approved consultant to assist them in completing the self-study application process. AAIM will provide the applicant with a list of approved

consultants. The fee will be paid directly to the consultant at a rate of \$150 per hour. Invoices will be sent on a monthly basis and expected to be paid within 30 days.

AAIM Accreditation Timetable

PHASE ONE: Inquiry and Application

- Institution makes a Request for Information at the AAIM website at www.aaimedicine.com and/or by contacting AAIM directly to discuss the accreditation process.
- Institution submits a completed Candidate Application and non-refundable processing fee of \$300.00 for preliminary determination of candidacy; initial acceptance/rejection letter is forwarded to the institution; the self-evaluation report is sent via mail or e-mail.

PHASE TWO: Site Visit

- Institution initiates the self-evaluation process. It is important to note that AAIM Applications expire 12 months following date of receipt from AAIM, unless the application is accepted and the SER, along with request for on-site visit and fees, are received within that timeframe. The rejection of an application is not subject to appeal but may be reviewed for reconsideration as determined by the Commission.

PHASE THREE: Approval/Denial

- Institution completes Self-Evaluation Report (SER) process.
- Institution may use the services of an AAIM Consultant to assist in the SER process. The hourly rate for an AAIM consultant is \$150.00 per hour.
- Institution submits the Self-Evaluation Report with the fee of \$2500.00.
- If Institution is deemed “Ready,” institution requests an On-Site Examination Visit and submits request with on-site fee, based upon the projected review cycle schedule to which the institution is assigned (April/August/December). On-site fee is \$600.00 per person per day plus expenses.
- On-site examination team visit is scheduled.
- On-site team evaluation is conducted and a written team report is sent to institution within 45 calendar days of final visit for review and response.
- Institutional response to the on-site examination team report is submitted to AAIM within a given deadline determined by AAIM of receipt by institution.

PHASE FOUR

- Accrediting Commission reviews and makes decision regarding initial accreditation.
- Notification of the Accreditation Commission’s decision is sent to the institution within 30 calendar days following the conclusion of the board meeting.

AAIM Accreditation Standards for Training & Certification Programs

These Accreditation Standards serve as benchmarks in helping the institution's staff and faculty evaluate important aspects of their institution's programs. AAIM has developed these standards with the advice and cooperation of outstanding authorities on education and 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 institution as part of the accrediting program. The Accreditation Commission has also adopted and incorporated the AAIM *Business Standards* and other appropriate policies.

The following standards are organized into 12 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.

I. Institution Mission, Goals, and Objectives

The institution has a stated mission that is supported by specific, clearly defined goals and objectives, including an institutional commitment to providing quality Integrative Medicine and Health Care education programs.

I.A. The institution has a mission statement that includes its general purpose and is supported by specific, clearly defined goals and objectives, including an institutional commitment to providing quality distance education programs.

I.B. The instructors/faculty, administration, governing board, and institutional advisory committees, if the institution has a governing board and advisory committee(s), regularly review the mission statement, goals, and objectives. The current mission statement, goals, and objectives are widely promulgated and readily accessible to students, faculty, staff, and other stakeholders.

I.C. The institution can demonstrate that it is effectively carrying out its mission, is attaining its goals and objectives, and is sharing appropriate information on its attainments with relevant groups.

II. Educational Program Objectives, Curricula, and Materials

The institution has clearly stated and reasonably attainable educational program objectives and offers educationally sound and up-to-date curricula that are supported by quality instructional materials and appropriate technology.

II.A. Educational program objectives are clearly defined and simply stated. They indicate the benefits for reasonably diligent students. The character, nature, quality, value, source of the instruction, and educational services that are used to help students achieve the objectives are set forth in language understood by the types of students enrolled. If a program prepares for an occupation, a field of occupations, or a vocation, the objectives clearly state the types of occupations for which preparation is given.

II.B. The program objectives must be reasonably attainable through the institution's methods of study. Appropriate objectives include the development of skills, providing job-related training, the imparting of knowledge and information, the training in the application of knowledge and skills, and the development

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of desirable habits and attitudes. Evaluation of the program is based on the announced objectives and the success with which students achieve the objectives.

II.C. The curriculum is sufficiently comprehensive for students to achieve the stated program objectives and its content is supported by sound research and practice.

II.D. The curriculum/curricula reflect(s) current knowledge and practice. Effective procedures are used continuously to keep it/them up-to-date. Internal course/program reviews are conducted on a periodic basis.

II.E. Instructional materials are sufficiently comprehensive to enable students to achieve the announced program objectives. The instructional materials are accurate and reflect current knowledge and practice and are regularly reviewed and revised.

II.F. Examinations and other assessment techniques adequately measure achievement of the stated learning objectives and outcomes.

II.G. Qualified persons competent in Integrative Medicine and Health Care education and training, and in their subjects or field, develop the curriculum content and prepare instructional materials.

II.H. The organization and presentation of the instructional materials are in accord with sound principles of learning and grounded in sound instructional design principles.

II.I. Online and written instructional materials are appropriately presented. Online materials fit the content and are delivered using readily available, reliable technology. Institutional prepared materials must be keyed to the reading competence of the students in the program and be legibly reproduced.

II. J. Instructions and suggestions on how to study and how to use the instructional materials assist students to learn effectively and efficiently.

II.K. Learning resources for faculty and students must be available and appropriate to the level and scope of program offerings. Program designers and/or faculty/instructors make effective use of appropriate teaching aids and learning resources, including educational media and supplemental instructional aids in creating programs and in teaching students. The institution makes effective provisions for students to access learning resources and libraries that are appropriate for the attainment of program learning outcomes.

II.L. The institution has clear, specific, published academic policies related to student integrity and academic honesty.

III. Educational Services

The institution and program provide educational services that meet the needs of students. The institution ensures that distance educational services are designed to optimize interaction between the student and the institution in order to encourage and facilitate learning.

III.A. Relevant student inquiries are welcome and are answered promptly and thoroughly. Accurate assessment, correction services, and counseling by instructors/faculty are provided for

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assignments/lessons and examinations. The institution must publish its academic grading policies, assignment marking system, course extension policy, and information on issuance and completion of incomplete grades, and apply them with fairness and consistency.

III.B. Provisions are made to be responsive and flexible to meet the individual differences of students with diverse backgrounds, prior achievements, employment, and other relevant circumstances. Counseling and guidance are provided, as required, to assist students to satisfy institutional and program requirements, to achieve required program objectives and individual course learning outcomes, and to achieve their educational goals.

III.C. Students who are unable to make satisfactory progress through the program are encouraged to continue until they either show inability to make satisfactory progress or demonstrate satisfactory progress.

III.D. An active program designed to optimize interaction between the institution and the student is followed to encourage students to start, continue, and finish the program in which he/she has enrolled, if continuing and finishing are the student's goals.

III.E. Reactions of students are systematically sought as one basis for evaluating and improving instructional materials, the delivery of instruction, and educational services.

III.F. The institution uses appropriate and readily accessible technology to optimize interaction between the institution and the learner and enhance instructional and educational services.

IV. Student Services

The institution provides student services that encourage and assist the student to attain institutional and program objectives, intended course learning outcomes, and his/her educational goals.

IV.A. Student assessment services are guided by published grading policies and a marking system that includes prompt return of accurately, fairly, and consistently graded assessments as well as necessary academic counseling by the instructor/faculty or qualified staff member.

IV.B. Essential, accurate student records are adequately maintained and readily accessible.

IV.C. Competent counseling is available to students on request. When offered, employment assistance and other services for alumni are accurately and appropriately presented.

V. Student Achievement and Satisfaction

The institution verifies/demonstrates student success and satisfaction using valid and reliable assessment techniques.

V.A. The institution articulates student learning outcomes independent of delivery method, has a systematic and ongoing process for assessing student learning, and provides documented evidence that show that the results are used to improve programs, curricula, instruction, faculty development, and services.

AAIM Accreditation Standards for Training & Certification Programs

V.B. The institution documents that students are satisfied with the instructional and educational services provided.

V.I. Qualifications of Institution, Owners, Governing Board Members, Administrators, Instructors/Faculty, and Staff

The institution has competent owners, governing board members, administrators, instructors/faculty, and staff.

VI.A. The institution, institution's owners, governing board members, and administrators possess sound reputations and show a record of integrity and ethical conduct in their professional activities, business operations, and relations. The Chief Executive Officer (CEO) and institution administrators possess appropriate qualifications and experience for their positions and roles and have demonstrated the ability to direct institutional operations successfully. The governing board members are knowledgeable and experienced in one or more aspects of educational administration, finance, teaching/learning, and distance study.

VI.B. A qualified person serves as the educational director or chief academic officer. This person has overall administrative responsibilities for the educational program(s) and a policy-making voice in advertising, sales, and collections.

VI.C. In large institutions, qualified department heads or persons with similar titles are delegated educational, editorial, and research responsibilities within departmental subject fields.

VI.D. The institution has a sufficient number of qualified instructors/faculty to give individualized instructional service to each student. The institution maintains files containing the resumes and official transcripts of its instructors/faculty. Faculty are carefully screened for appointment, and are properly and continuously trained with respect to institution policies, learner needs, and the use of appropriate instructional technology. The institution has clear, consistent procedures to evaluate faculty performance.

VI.E. An institution demonstrates its interest in improving instruction through upgrading faculty and staff. Faculty and staff are encouraged to become members of professional organizations, to review and apply relevant research, to pursue continuing education or training in their respective fields, and to enhance their skills in developing and using electronically delivered, hard copy, online, or other forms of study.

VII. Admission Practices and Enrollment Agreements

The institution's admission practices and enrollment agreements conform to AAIM Business Standards.

VII.A. The written enrollment agreement and/or other written enrollment documents specify clearly the nature and scope of the program, the services and obligations of the institution, and the responsibilities, obligations, financial and otherwise, of the student. Any changes in tuition, fees, and program policies and procedures must be made applicable to all future enrollees, not those currently enrolled. The institution must use a written enrollment agreement/contract that conforms to the provisions of AAIM Business Standards II. A. and II. B. Students must be given copies of these written agreements/contracts and/or other written documents.

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VII.B. The institution must not discriminate in its admissions because of race, sex, color, creed, age, or national origin in admitting students.

VII.C. The institution must establish qualifications that an applicant must possess to successfully assimilate the educational materials. The institution must also determine with reasonable certainty, prior to acceptance of the applicant, that the applicant has been informed of and has proper qualifications to enroll in the course/program.

VIII. Advertising, Promotional Literature, and Recruitment Personnel

The institution advertises its programs truthfully and has adequate control of its sales or recruiting personnel.

VIII.A. All advertising, promotional, and recruitment activities of the institution provide fully truthful representation of that institution. Information provided is not misleading of that institution of AAIM in any way.

VIII.B. The institution's policies and practices in the hiring, training, monitoring, managing, and evaluating of all sales or recruiting personnel fully conform to this accreditation standard. All personnel of the institution must follow the following criteria:

1. They must conform to applicable federal and state laws, including any industry guides issued by the FTC.
2. They may not use any title that indicates special qualifications for career guidance, counseling, and registration.
3. They may not place advertisements without the appropriate, written authorization from the institution.

IX. Financial Responsibility

The institution is financially able to deliver high quality instruction and educational services.

IX.A. The institution shows, by complete, comparative financial statements covering its two most recent fiscal years, that it is financially responsible and that it can meet its financial obligations to provide instruction and service to its students. (Financial statements must be prepared "in conformity with generally accepted accounting principles").

IX.B. In all respects, accredited institutions must document continuous sound and ethical operations, as well as the necessary resources to accommodate demand and to ensure all learners receive a quality educational experience. Applicant institutions must document two continuous years of sound and ethical operation under the present ownership and with the current programs offered as a bona fide electronically delivered, online, or other delivery method of distance study. This documentation shall show that the name being used by the institution is free from any association with activity that could damage the standing of the accrediting process, such as illegal actions, unethical conduct, or abuse of consumers.

AAIM Accreditation Standards for Training & Certification Programs

X. Tuition Policies, Collection Procedures, and Refunds

The institution has fair and equitable tuition, collection, and refund policies.

X.A. Institutions must use **Total Course Price** in preparing enrollment agreements, calculating refund amounts and collecting student accounts. **Total Course Price** includes charges for tuition, registration, educational services and instruction. Total Course Price also includes earned financial charges, and any fees that are charged to all students for required services, such as proctoring, technology access, and library services. Costs expended for normal shipping and handling are not subject to refund (after the expiration of the 5 calendar day cooling-off period).

X.B. Tuition collection practices and procedures are fair. They encourage the progress of students and seek to retain their good will. The institution exercises its right to protect its finances through collection practices in keeping with sound and ethical business standards. Such practices take into account the comparable rights and interests of the student.

X.C. The institution recognizes that there are legitimate reasons why enrolled students may not be able to complete their programs. Accordingly, the institution has a policy for equitable tuition adjustments or refunds in such cases and can show proof of how the tuition refund policy is communicated and enforced. Records are maintained on tuition refunds and enrollment cancellations to provide a reference source for management analysis.

XI. Plant, Equipment, and Record Protection

The institution has adequate facility, equipment, and record protection.

XI.A. Buildings, workspace, and equipment comply with local fire, building, health, and safety regulations and are adequately equipped to handle the educational program(s) of the institution.

XI.B. Institutional financial and administrative records and students' educational records are maintained in a reasonably accessible place and are adequately protected as long as they are likely to be needed. Protection may be by: (1) an active fire suppression system, or (2) with passive protection using two-hour rated files or vaults, or (3) by using off-site back up files. Other records are maintained in accordance with current educational, administrative, business, and legal practices.

XII. Research and Self-Improvement

The institution conducts continuous planning, evaluation, research, and self-improvement studies and appropriately applies their results.

XII.A. An accredited institution has a written plan that is designed to identify internal and external trends and patterns, optimize opportunities, address challenges, reflect on achievements, and maintain quality. The planning enables the institution to improve services to students, ensure the professional growth of its instructors/faculty and staff, and provide for the long-term quality and growth of the institution.

AAIM Accreditation Standards for Training & Certification Programs

XII.B. An accredited institution shows evidence of continuous progress and self-initiated efforts to improve operations and educational offerings and services. Sound research procedures and techniques are used to measure how effectively the stated institutional mission, goals, and objectives are being met.

XII.C. The institution has a written plan for leadership/management succession.

AAIM Accreditation Standards for Integrative Medicine Clinics

These Accreditation Standards serve as benchmarks in helping the clinic'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

AAIM Accreditation Standards for Integrative Medicine Clinics

personnel, programs and services provided.

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.

AAIM Accreditation Standards for Integrative Medicine Clinics

- 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.
- 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

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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.

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.

VIII. MANAGEMENT OF THE ENVIRONMENT OF CARE

The clinic maintains a safe environment that meets OSHA standards.

AAIM Accreditation Standards for Integrative Medicine Clinics

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.

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- 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.