



AAHA Standards *of Accreditation*

This document contains a comprehensive list of all AAHA standards for traditional practices. Accessing the online evaluation tool at eval.aaaha.org will allow you to answer a list of personalization questions that will then customize the standards for your practice and enable AAHA to establish scores for your practice.

The online evaluation tool is your best resource for accessing the standards and for additional information including helpful tips, resources, rationales, and FAQs. These additional resources are not available in this pdf.

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Mandatory Standards

MA01	Anesthetic agents are administered by a veterinarian or trained practice team member under the supervision of a veterinarian on the premises.	-
MA02	A means of assisting ventilation, either manual or mechanical, is readily available and utilized as needed.	-
MA03.1	A patient assessment is performed by a practice team member prior to the administration of any premedication, sedation or anesthetic. Such assessment ensures: <ul style="list-style-type: none"> • Positive patient identification • Verification of appropriate procedures and anatomical location • Appropriate presurgical diagnostic testing has been performed and evaluated. 	-
MA04	When used, endotracheal tubes must remain in place during recovery from anesthesia until protective reflexes (swallow or gag) are functioning.	-
MA05	Patients are observed at frequent intervals until fully recovered.	-
MA06	In addition to a qualified practice team member's presence, at least one of the following pieces of monitoring equipment is utilized during procedures requiring general anesthesia, including dentistry and radiographic evaluation: <ul style="list-style-type: none"> • Respiratory monitor • Pulse oximeter • Blood pressure monitor • Continuous electrocardiograph (ECG) monitor • Esophageal stethoscope 	-
MA07	A sufficient number of practice team members are trained in cardiopulmonary resuscitation (for patients) to ensure availability of a trained team during normal hours of operation.	-
MA08	Emergency drugs and equipment are: <ul style="list-style-type: none"> • Readily available • Kept in a designated place • Portable • Clearly labeled • Appropriately stocked at all times 	-
MA09	If utilized, anesthetic induction chambers are transparent and patients are observed throughout the induction process.	-

General

AN01	The practice has a designated area for the induction of general anesthesia.	60
AN02	A designated recovery area outside of the surgical suite is utilized.	60
AN03.1	Qualified personnel maintain scavenging systems in accordance with:	
AN03.1a	• Manufacturer's recommendations	30
AN03.1b	• A written and documented preventive maintenance program	30
AN03.2	Documented training in workplace anesthetic safety including human health hazards is reviewed with practice team members upon hiring and at a minimum of once a year thereafter.	60
AN04.1	Credentialed veterinary technicians are utilized to induce and maintain anesthesia/sedation in collaboration with and under the supervision of the veterinarian.	60
AN05	The practice maintains documentation indicating that informed consent has been obtained and is utilized in cases involving sedation and general anesthesia.	40
AN06	Practice team members are trained in the following:	-
AN06a	• Administration of sedation, preanesthetic, and anesthetic medications	20
AN06b	• Monitoring techniques including evaluation of respiratory and cardiovascular function and depth of anesthesia	20
AN06c	• Analysis of patient monitoring data	20
AN06d	• Equipment troubleshooting	20
AN06e	• Treating complications related to anesthesia/sedation	20
AN06f	• Proper record keeping	20

Preanesthetic Procedures

AN07	A preanesthetic/sedation evaluation is performed and documented (both normal and abnormal findings) by a veterinarian, preferably a veterinarian involved with the procedure, within 24 hours preceding the administration of any premedication, sedation or anesthesia and includes:	-
AN07a	• Patient history	20
AN07b	• Comprehensive physical examination	100
AN07c	• Vaccination status	10
AN07d	• Diagnostic testing (including imaging evaluation), if any	100
AN07e	• Risk assessment	100
AN09.1	An individualized emergency care plan is documented in the medical record for each anesthetized patient and includes precalculated emergency drug dosages.	80
AN10	The practice has established written criteria that are utilized for diagnostic testing recommendations prior to anesthesia. These criteria are based on considerations such as signalment and risk assessment.	60
AN11	Masks and associated diaphragms for induction are thoroughly cleaned and disinfected prior to each use.	40
AN12	Masks for mask induction of anesthesia or administration of oxygen are provided in adequate sizes to prevent leakage of the inhalant anesthetic agent.	40
AN13.1	Patients have intravenous catheters in place during:	
AN13.1a	• General anesthesia	0% (0) 25% (25) 50% (50) 75% (75) 100% (100) ____
AN13.1b	• Sedation	0% (0) 25% (20) 50% (40) 75% (60) 100% (80) ____
AN14	Intravenous fluids are administered during general anesthesia.	0% (0) 25% (20) 50% (40) 75% (60) 100% (80) ____
AN15	Patients are intubated prior to and during any general anesthetic procedure.	0% (0) 25% (25) 50% (50) 75% (75) 100% (100) ____
AN16	Endotracheal tube placement and seal are verified.	60

Patient Monitoring

AN17.1	A practice team member is dedicated solely to monitoring the condition of each:	
AN17.1a	• Anesthetized patient	100
AN17.1b	• Sedated patient	60
AN18	The responsibility for patient monitoring is relinquished only by transfer to another trained practice team member upon their consent.	60
AN19.1	A practice team member performs frequent and regular evaluations and documents serial monitoring results such as heart rate, respiration, and/or blood pressure. This critical task takes precedence over any concurrent duties for the following:	
AN19.1a	• Anesthetized patient	100
AN19.1b	• Sedated patient	60
AN20.2	A separate anesthesia record is kept for each patient's anesthetic episode and includes: <ul style="list-style-type: none"> • Date • Patient identification • Client identification • Identification of practice team member(s) performing procedure • Identification of practice team member(s) monitoring the patient • Pre-anesthetic agents • Induction agents • Maintenance agents • Carrier gases • Results of serial monitoring • Duration of anesthesia • Duration of procedure • Pre-, peri-, and post-recovery analgesics • Post anesthetic conditions of the patient 	100

AN211	Body temperature is monitored frequently, including before, during and after anesthesia, and documented.	0% (0) 25% (20) 50% (40) 75% (60) 100% (80) ____	
AN22	The following equipment is utilized during procedures requiring anesthesia:		-
AN22a	• Electronic respiratory monitor	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____	
AN22b	• Pulse oximeter	0% (0) 25% (20) 50% (40) 75% (60) 100% (80) ____	
AN22c	• Blood pressure monitor	0% (0) 25% (25) 50% (50) 75% (75) 100% (100) ____	
AN22d	• Continuous electrocardiograph (ECG) monitor	0% (0) 25% (20) 50% (40) 75% (60) 100% (80) ____	
AN22e	• Esophageal stethoscope	0% (0) 25% (5) 50% (10) 75% (15) 100% (20) ____	
AN22f	• Capnograph	0% (0) 25% (20) 50% (40) 75% (60) 100% (80) ____	
AN22g	• Device for measuring the patient's body temperature		10
AN23	Monitoring devices are utilized for rapid and accurate measurement of blood gases.		80

Anesthetic Emergencies

AN24	In the event of respiratory or cardiac arrest, the practice team follows a standard procedure for resuscitation directed in each case by a veterinarian based upon the unique patient needs.		100
AN25.1	Documented patient cardiopulmonary resuscitation (CPR) training is done upon hire and annually thereafter.		40
AN26	Doses and dosages of emergency medications are readily available in chart form.		40

Anesthetic Equipment and Supplies

AN27	If the practice performs anesthesia then the following items are available in the anesthetic induction area:		-
AN27a	• Antiseptic agents for venipuncture site preparation		10
AN27b	• New sterile needles and syringes		10
AN27c	• Anesthetic agents and appropriate antagonist agents		10
AN27d	• Intubation assistance devices such as a laryngoscope and appropriate stylettes		10
AN27e	• Endotracheal tubes in appropriate sizes		10
AN27f	• Appropriately sized anesthesia tubing and rebreathing bags		10
AN27g	• Non-rebreathing apparatus		20
AN27h	• Rebreathing bag or similar device for monitoring respiration and providing intermittent, positive pressure ventilation		10
AN27i	• Corneal lubricant		10
AN27j	• Stethoscope		10
AN27k	• Intravenous catheters, administration sets, and intravenous fluids		10
AN27p	• Devices to supplement patient's body heat such as a warm water blanket or forced warm air unit (electric heating pads are prohibited unless manufactured specifically for companion animal use)		20
AN27q	• A machine for the administration of gaseous anesthesia including a canister containing a fresh agent to absorb carbon dioxide		20
AN27r	• Gaseous agent for the induction and maintenance of general anesthesia		10
AN27s	• Oxygen source and a device for administration of the oxygen		10
AN27t	• Gas scavenging system		10
AN27v	• Emergency lighting (focused and ambient) that is tested regularly		10
AN28	Monitors, anesthetic delivery devices and other equipment used in the administration of a general anesthetic are kept in good working condition, serviced, calibrated and inspected regularly according to manufacturer's recommendations.		80
AN29	Maintenance and repairs on each piece of anesthetic and monitoring equipment are recorded in a log.		30
AN30	Endotracheal tubes are sterile or thoroughly cleaned and disinfected with a non-irritating solution prior to use.		40
AN30.1	Endotracheal tubes are disposable and single use, autoclaved or gas sterilized between each use.		60
AN31	Endotracheal tubes are dried and stored in a manner that prevents contamination prior to use. (i.e., an open rack near a dental area is not acceptable; however, a clean, dry drawer or enclosed case near the induction area is acceptable).		40

Mandatory Standards

MA10	Practice team members follow infection control policies related to personal hygiene, patient care and disinfection of equipment and facilities. Frequent hand washing or the use of antimicrobial agents are utilized to prevent the spread of contagious diseases to hands and hospital surfaces.	-
MA11	Potentially contaminated materials are contained in impervious containers or bags before transport within the practice.	-

General

CD01	The practice utilizes a written protocol that addresses potentially contagious patients and effective containment of contagious diseases throughout the facility.	100
CD01.5	Practice team members are trained on contagious disease management including basic principles of infection control, prevention, personal protective equipment (PPE) and biosecurity.	60
CD02.1	Disposable or readily disinfected personal protective equipment is worn when handling patients with a known or suspected contagious or zoonotic disease.	20
CD03	Potentially contaminated materials are disposed of in accordance with appropriate procedures relevant to their level of hazardous waste.	60

Zoonotic Diseases

CD04	Clients and practice team members that are exposed to zoonotic diseases are informed by verbal or written communication. When this information is provided for a client, it is documented in the medical record.	80
CD05	Clients and practice team members are informed as soon as zoonotic diseases are included in the differential diagnosis or rule-out list.	80
CD06	All patients that have, or are suspected of having, a contagious or zoonotic disease are properly identified so that their status is obvious to all members of the practice team (marked on the front of the cage, etc.)	80
CD07	References describing prevention and control of zoonotic diseases are readily available for practice team use.	20

Single Purpose Isolation Room

CD08	The practice utilizes a single purpose isolation room where activities are restricted to providing care to contagious patients.	40
CD09	Only the equipment and materials for the care and treatment of the contagious patient are kept in the isolation room.	20

Inpatient Care

CD10	The practice provides for inpatient care of patients with contagious diseases, in a manner that effectively isolates them from other patients.	20
CD11	Isolation areas are regularly and thoroughly disinfected when potentially contagious patients are present.	20
CD12	Equipment is properly decontaminated before removal from the isolation room.	20
CD13	The isolation room/area is of adequate size to hospitalize patients with contagious diseases.	20
CD14	Isolation areas provide for examination and treatment of patients on elevated examination surfaces outside cages and runs.	20
CD15	Isolation areas have adequate lighting for proper patient examination and treatment. Such lighting is equivalent to that found in other care and treatment areas.	20
CD16	Negative air pressure is maintained in the isolation room when in use.	20
CD17	When in use, air in the isolation room is exhausted outside of the building and away from animal areas.	20

Your Passing Score Must be 65% of Total Points: Contagious Disease

Mandatory Standards

MA11.7	All dental procedures are performed under general anesthesia with patients intubated and supplemental oxygen being administered.	-
MA12	Veterinarians perform thorough examinations of the teeth and structures of the oral cavity in patients presented for dental procedures.	-
MA13	Only properly trained practice team members perform dental procedures.	-

General

DE02	Dental services provided include:	-
DE02a	• Dental prophylaxis (scaling and polishing)	60
DE02b	• Extractions	60
DE02d	• Endodontics	60
DE02e	• Periodontal care	60
DE03	Dental extractions are performed only by veterinarians.	100
DE04.1	Practice team members performing and/or assisting with dental procedures wear:	-
DE04.1a	• Masks, eye protection, and gloves	80
DE04.1b	• Caps and lab coats/gowns or separate scrubs that are not worn in other areas of the practice for other patient related activities	40
DE04.2	Practice team members monitoring patients during dental procedures wear the following:	-
DE04.2a	• Masks and eye protection	40
DE04.2b	• Caps and lab coats/gowns or separate scrubs that are not worn in other areas of the practice for other patient related activities	40
DE07	Dental procedures with potential for aerosolization of infectious debris are performed in a properly ventilated area set apart from other patients and practice team activities.	40
DE08	After scaling, teeth are polished using an electric or compressed gas-driven, low-speed hand piece or air polishing unit.	80
DE09	Records of dental procedures, including anatomic dental documentation or charts, are part of the medical record.	80
DE09.2	Practice team members document an oral health assessment utilizing the AVDC guidelines for staging periodontal disease during a dental procedure.	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
DE10.1	Appropriate dental instrumentation and equipment is utilized including:	
DE10.1a	• Ultrasonic scaler/piezo scaler	20
DE10.1b	• High speed drill	20
DE10.1c	• Hand instruments such as elevators, curettes, scalers, and probes	20
DE10.1d	• Low speed polisher	20
DE11	Single-use disposable, autoclaved or gas sterilized prophylaxis angles and individual prophylaxis cups are utilized for each patient.	30
DE11.1	Individual prepackaged containers of paste are utilized for each patient.	30
DE12.1.5	All instruments used for dental procedures, including scalers, periodontal probes, curettes, burs, and elevators are autoclaved or gas sterilized between patients. Instrument packaging must ensure sterility is maintained until use.	100
DE12.2	The practice utilizes a written protocol for maintaining dental instruments including hand instruments and other dental equipment (e.g., sharpening of the hand instruments, maintenance of the ultrasonic scaler).	20
DE13.1.5	Pain assessment, prevention, and management accompany all dental procedures.	60
DE13.1	A veterinary approved active patient warming device is utilized during dental procedures, examples include circulating warm water pads/blankets or forced air-warming devices (excluding cage dryers).	60
DE14	There is documented client education regarding preventative dental home care and its importance.	0% (0) 25% (20) 50% (40) 75% (60) 100% (80) ____

Dental Radiography

DE15	The practice utilizes a dental radiography unit.	60
DE16	Dental radiographs are recommended for all dental procedures, client acceptance or refusal of the service is documented in the medical record.	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
DE17	Feline patients have full mouth radiographs taken during the dental procedure.	0% (0) 25% (20) 50% (40) 75% (60) 100% (80) ____
DE18	Pre-extraction dental radiographs are taken.	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
DE06	Post-extraction radiographs are taken.	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____

Your Passing Score Must be 67% of Total Points: Dentistry ____

Mandatory Standards

MA19	Emergency services, or referral to an appropriate practice, are available 24 hours a day, seven days a week.	-
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General

EM01	The practice has policies and procedures that enable active patients to be treated by the practice for emergencies 24 hours a day, seven days a week.	60
EM01.1	Veterinarians and practice team members are present in the facility continuously 24 hours a day, seven days a week to provide emergency care.	100
EM01.2	Credentialed veterinary technicians provide care for patients within the practice continuously, 24 hours a day, seven days a week.	40
EM01.3	Credentialed veterinary technicians provide care for patients within the practice.	40
EM02	Emergency services provide for appropriate treatment of routinely seen emergencies or conditions within a reasonable time.	40
EM03	Clients receive written instructions (such as on the bottom of invoices, on the practice brochure, or by providing the emergency practices brochure) explaining how to access emergency assistance if needed.	20
EM04	The medical record, or a medical summary, accompanies each patient transferred to another facility for emergency services or after-hours care.	20
EM04.1	The medical record, or a medical summary, accompanies each patient transferred back to the receiving veterinarian or to another facility.	20
EM05	Practice team members are well trained in the care and monitoring of critically ill or injured patients.	70
EM06	Practice team members utilize appropriate procedures for the recognition and resuscitation of patients in a state of shock or cardiorespiratory collapse.	100
EM07	Practice team members are trained in emergency airway and oxygenation management to include a variety of oxygen therapy techniques and placement of endotracheal tubes.	60
EM08	Practice team members are trained in emergency use of:	-
EM08a	• Oxygen	40
EM08b	• Anesthetics	40
EM08c	• Resuscitative equipment	40
EM08d	• Monitoring equipment	40
EM08e	• Fluid therapy	40
EM08f	• Whole blood and blood volume expanders	40
EM09	The practice is prepared and has the equipment to deal with reasonably expected emergencies during normal hours of operation.	80
EM10	Services provided in-house include the following:	-
EM10a	• Hematology (manual slide review, when appropriate)	20
EM10b	• Serology	20
EM10c	• Blood chemistry analysis	20
EM10d	• Urinalysis including sediment evaluation	20
EM10e	• Serum electrolytes	20
EM10f	• Coagulation testing such as Activated Clotting Time (ACT)	20
EM10g	• Blood typing	20
EM10h	• Blood cross-matching	20
EM10i	• Blood gases	20
EM10j	• Ethylene glycol test	20

Your Passing Score Must be 57% of Total Points: Emergency and Critical Care

Mandatory Standards

MA23	Pain assessment is considered part of every patient evaluation regardless of the presenting complaint.	-
MA24	Pain management is provided for the anticipated level and duration of pain.	-
MA24.1	Pain management accompanies all surgical procedures.	-

General

PM01	Pain assessment using a standardized scale or scoring system is recorded in the medical record for every patient evaluation.	0% (0) 25% (25) 50% (50) 75% (75) 100% (100) ____
PM01.1	A pain scoring chart including definitions is readily available throughout the practice for use by all practice team members.	40
PM01.2	Practice team members are trained to recognize pain and work in collaboration with the veterinarian to provide appropriate pain management.	60
PM01.3	Resources are available for practice team members that address names, actions, side effects, complications and contraindications of medications utilized for pain management.	40
PM02	Pain management is individualized for each patient.	100
PM03	The practice utilizes preemptive pain management.	100
PM05	The patient is reassessed for evidence of pain throughout any procedure that has the potential to cause patient discomfort.	40
PM06	Patients with persistent or recurring conditions are evaluated to determine their pain management needs.	60
PM07	Analgesic therapy is used as a tool to confirm the existence of a painful condition when pain is suspected but cannot be confirmed by objective methods.	60
PM07.1	The practice provides ancillary methods for treating pain - e.g., massage, acupuncture, laser therapy, warm or cold compresses.	40
PM08.1	The client is educated, verbally and in writing, on how to recognize signs of pain including potential benefits and adverse effects of pain management therapy.	40

Your Passing Score Must be 71% of Total Points: Pain Management ____

Mandatory Standards

MA25	Patient care is under the authority, supervision and approval of a licensed veterinarian.	-
MA26	Practice team members demonstrate humane care of animals.	-
MA27	Fresh water and food are provided or withheld as appropriate for the medical care of the patient.	-
MA28	The practice has the means to administer oxygen on a periodic or on-going basis for compromised patients. This may be accomplished by using methods such as nasal canulas, oxygen cages, oxygen tents or e-collars enclosed with plastic.	-
MA29	Syringes and needles are used only once for injections.	-
MA30.1	Patients are given an examination appropriate to the presenting complaints and clinical situation.	-
MA31	Aggressive handling or restraint that might cause patient injury is prohibited.	-
MA32	Animal-holding areas (cages, runs, and exercise areas) are: <ul style="list-style-type: none"> • Secure • Escape-proof • In good condition • Easily cleaned • Adequate in relation to the normal caseload 	-

General

PC01	Treatments, and the administration of medication, are monitored to ensure compliance with veterinarian's orders.	40
PC02	The practice utilizes a formal policy to monitor and evaluate patient care and response to care—e.g., call backs, rechecks, rounds.	80
PC03.1	The practice utilizes individualized preventive healthcare recommendations based on lifestyle and risk assessment.	80
PC04	The practice utilizes a consensus medical plan for the diagnosis, treatment and monitoring of common diseases.	80
PC05	Rehabilitative needs are assessed and incorporated into therapeutic plans and discharge instructions as needed.	60
PC06	The practice utilizes a quantitative blood pressure monitor.	80
PC07	At the time of admission, all animals are clearly and positively identified in writing. This written identification (ID band, cage card, etc.) accompanies the animal at all times and contains sufficient information such as name, breed, sex and markings.	80
PC08	Collars, harnesses, halters and any other restraint devices are removed from patients any time they are left unobserved. Breakaway identification devices may be left on patients.	20
PC09	Electrocardiography is performed and interpreted on the premises.	60
PC10	Electrocardiographic interpretation is readily available. This could involve electronic or transtelephonic transmission.	40
PC11	Appropriate methods and devices are utilized to prevent animal self-traumatization such as e-collars, braces and bandages.	20
PC12	An assignment is made to ensure that one practice team member is responsible for each patient while a heating or cooling device is in use.	20
PC13	The facility design and movement of clients and patients through the practice provides for appropriate separation of animals. This may include considerations such as allowing for species segregation within lobby areas.	40
PC14	The practice minimizes the potential for dangerous interactions between pets and clients.	40
PC15	The practice takes precautions to prevent unnecessary exposure and transmission of disease by providing a safe and controlled environment.	60

Training

PC16	Credentialed veterinary technicians are utilized to perform, train and supervise activities related to patient care.	100
PC16.1	Credentialed veterinary specialty (VTS) technicians are utilized to perform, train and supervise activities related to patient care.	100
PC16.2	Only credentialed team members who have either graduated from an AVMA accredited program and passed national and/or state and provincial board exams are distinguished by the title "technician". This would also include team members who have been awarded their credential as part of a state and/or provincial grandfather clause.	60
PC17	Practice team members are trained in, and ensure proper maintenance of optimal body temperature.	50
PC18	Practice team members are trained in, and ensure the comfort and cleanliness of patients.	50
PC19	Practice team members are trained in the proper techniques of bathing and/or dipping.	10

PC20	Handling and restraint of patients is limited to trained practice team members.	80
PC21	Restraint and capture equipment is operated only by trained practice team members.	20
PC22	The practice performs on-going training regarding the proper use of equipment.	20
PC23	Practice team members are able to troubleshoot equipment and recognize abnormal parameters.	40
PC24	Practice team members are capable of performing an ECG for purposes of monitoring or diagnostic testing and able to differentiate normal from abnormal rhythms.	40
PC25	Practice team members are trained in performing triage.	60
PC26	Practice team members are trained to carry out diagnostic and therapeutic plans as well as custodial care.	40
PC28	Practice team members are trained in the proper establishment, administration and monitoring of fluid therapy, and are aware of potential complications and risk factors associated with fluid administration. In addition, they are trained in the maintenance and care of the fluid therapy system.	70

Examination and Assessment

PC29	The medical condition of every hospitalized patient is assessed at least twice daily by a veterinarian based on information provided by the practice team or by direct observation.	100
PC30	A veterinarian examines every hospitalized patient at least once every 24 hours and documents the findings.	100
PC31	The practice offers 24 hour patient care and/or observation within the practice whenever necessary.	60
PC32	The medical record accurately reflects a thorough physical exam of major organ systems (both normal and abnormal) for wellness care, prior to any anesthetic procedure or any new presenting complaints.	80
PC33	Following the examination of every patient, a diagnosis (tentative or definitive) and medical plan (diagnostic and/or therapeutic) are established and documented.	100
PC34.1	The general condition of each animal, in all areas of the practice is:	
PC34.1a	Assessed at least twice daily	40
PC34.1b	Assessment is documented in the record and any abnormalities are brought to the veterinarian's attention	40
PC35	Routine examination of hospitalized patients includes assessment and recording of the following:	-
PC35a	• Behavior and attitude	10
PC35b	• Activity	10
PC35c	• Level of pain	10
PC35d	• Body temperature	10
PC35e	• Pulse rate and character	10
PC35f	• Respiration	10
PC35g	• Capillary refill time	10
PC35h	• Heart rate and rhythm	10
PC35i	• Appetite	10
PC35j	• Fluid intake	10
PC35k	• Urination and defecation	10

Hospitalization

PC36	The practice has a means of providing a working overview of each hospitalized patient's medical status. This may be accomplished through the use of a treatment sheet, dry erase board, computerized records, etc.	60
PC37	Assignments are made and documented so that one practice team member is responsible for the proper observation of each critical or isolated patient. This responsibility may be transferred.	60
PC38	Practice team members are capable of caring for and maintaining artificial airways. In addition, they are aware of potential complications and risk factors associated with artificial airways.	60
PC38.5	Practice team members are trained in the aseptic placement, care and maintenance of catheters.	60
PC39	The practice utilizes the following devices for maintenance of optimum body temperature:	-
PC39b	• Forced warm air devices (excluding cage dryers)	20
PC39c	• Circulating warm water pads/blankets	20
PC39d.1	• Other veterinary approved active patient warming device	20

PC39.1	The practice utilizes in-line fluid warmers that display the fluid temperature and/or has a visual or audible alarm should the temperature exceed specific parameters.	20
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Fluid Therapy

PC40.1	A new container of fluids and administration set is used for each patient regardless of the route of administration.	100
PC41.1	Individual prepackaged sterile flush is used for IV catheter maintenance.	40
PC41.2	A new fluid administration set and/or extension set is used for each patient.	40
PC42	The practice has the following intravenous solutions readily available and utilizes them when appropriate:	-
PC42a	• Crystalloids (up to 3 types)	10
PC42b	• Crystalloids (more than 3 types)	20
PC42c	• Colloids	20
PC43	The practice routinely utilizes infusion pumps to administer IV fluids.	0% (0) 25% (20) 50% (40) 75% (60) 100% (80) ____
PC44	Rate and volume limiting devices and procedures are utilized to prevent inadvertent administration of excessive intravenous fluids.	20
PC45	The practice has the following:	-
PC45a	• Canine and feline fresh whole blood available for use within four hours and utilized when appropriate	40
PC45b	• Stored blood, or blood components, on premises and utilized when appropriate	40
PC45c	• Fresh frozen plasma on premises and utilized when appropriate	40
PC45d	• Cryoprecipitate on premises and utilized when appropriate	40

Adverse/Sentinel Events

PC46	Patients experiencing adverse or sentinel events are evaluated whenever applicable utilizing clinical pathology, histopathology, microbiology, necropsy and toxicology.	80
PC47	An adverse/sentinel event log is utilized and readily accessible. The log of sentinel events may be separate from the log of general adverse events or they may be combined. The log(s) includes:	-
PC47a	• Date of the event	10
PC47b	• Patient identification	10
PC47c	• Type of medication, biological, or anesthetic (if applicable)	10
PC47d	• Equipment used (if applicable)	10
PC47e	• Procedure performed (if applicable)	10
PC47f	• Details of the event (adverse or sentinel event)	10
PC47g	• Severity of event (this may include a scoring system)	10
PC47h	• Cause of injury, mishap, or death (if known)	10
PC47i	• Applicable diagnostic tests	10
PC47j	• To whom the event was reported (if applicable)	10
PC47k	• Outcome of the event	10
PC47l	• Indication that the event has been reviewed with the practice team	10
PC47m	• How the event was addressed	10

Client Communication

PC49	Clients whose pets have significant medical problems are advised early in the course of care of their opportunity to request a second opinion or referral to a specialist.	40
PC50	Advance directives regarding resuscitative services are discussed with clients. Discussions are documented in the medical record and communicated to appropriate practice team members.	0% (0) 25% (15) 50% (30) 75% (45) 100% (60) ____
PC51	Upon patient admission, clients are informed of pertinent services available and the extent of after hours staffing.	60
PC52.1	Practices not offering 24-hour care give clients the option of transferring patients overnight to a facility that can provide this service. Discussions are documented in the medical record.	80

PC53.1	Tentative diagnosis and medical plans, or their subsequent revisions, are communicated to clients at the earliest reasonable opportunity and documented in the medical record.	100
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Protocols

PC54	The practice utilizes a written protocol and training program that addresses how to identify and report significant abuse of animals and humans. This includes concerns such as starvation, refusal of basic humane care, non-hygienic environments, mishandling and infliction of injury.	100
PC55	A written protocol for practice team member training in patient handling and restraint is utilized.	20
PC56	The practice utilizes a written protocol that addresses patient safety during the process of drying or cooling.	20
PC57	The practice utilizes a written protocol that defines what constitutes an adverse/sentinel event and how such events are addressed.	80
PC58	The practice utilizes a written pet visitation protocol that standardizes how a client is allowed to visit their pet while hospitalized. The protocol addresses decisions such as who will communicate with the client, when the client can visit and the location and duration of the visit.	40
PC58.1	The practice utilizes a written protocol for the discharge of hospitalized patients including: <ul style="list-style-type: none"> • Who will discharge the patient, such as a veterinarian, technician, or receptionist • How the patient will be discharged, such as scheduled release appointment • When the patient will be discharged • What is to be communicated to the client • How to prepare the patient for discharge, such as bathing or brushing 	40
PC59.2	The practice utilizes a written euthanasia protocol that details how the practice will handle the euthanasia process and includes:	-
PC59.2a	• Practice team member training in client communication related to euthanasia	10
PC59.2b	• A quality of life assessment	10
PC59.2c	• Medications given prior to and during the procedure	10
PC59.2d	• Location of the procedure	10
PC59.2e	• Disposition of remains	10
PC59.2f	• Grief counseling options	10
PC59.2g	• Options for client involvement in the process	10
PC59.2h	• Client communication prior to, during and after the euthanasia	
PC64.1	The practice provides clients with educational resources and materials on specific pet behavior and health topics.	40

Nutrition

PC65	Nutritional assessment and counseling are part of routine wellness care.	40
PC65.1	A body condition score (BCS) and/or a muscle condition score (MCS) using a standardized scale or scoring system is recorded in the medical record for every patient evaluation.	40
PC65.3	A nutritional assessment and specific dietary recommendation is recorded in the patient record at every visit. 0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____	
PC66	Sick or injured patients have their nutritional needs addressed as part of their individualized treatment plans.	60
PC67	The practice utilizes at least one of the following methods of nutritional support:	-
PC67a	• Nasoesophageal tubes, esophageal tubes, gastrostomy tubes, jejunostomy tubes	20
PC67b	• Partial parenteral nutrition, total parenteral nutrition	20

Nosocomial Infections

PC68	The practice works in a coordinated effort to reduce the risks of nosocomial infections.	60
PC69	Nosocomial infections are investigated to determine sources of infection and action needed to prevent recurrences.	80
PC70	To ensure the judicious use of antibiotics, practice team members:	-
PC70a	• Minimize therapeutic exposure to antimicrobials by treating for only as long as needed for the desired clinical outcome	10
PC70b	• Limit therapeutic antimicrobial treatment to ill or at-risk patients, only when bacterial maladies are suspected or the patient is immunocompromised (i.e. not for uncomplicated viral infections)	10

PC70c	• Minimize environmental contamination with antimicrobials	10
PC70d	• Maintain accurate records of treatment and outcomes in order to evaluate therapeutic regimens	10
PC70e.1	• Choose an antimicrobial drug that is expected to reach therapeutic levels in the targeted organ/tissue and has a spectrum of activity that includes the suspected pathogen	10
PC70f	• Promote culture and sensitivity testing whenever clinically relevant	10
PC70g	• Document in the medical record when culture and sensitivity is declined	10
PC70h	• Utilize sensitivity results to aid in selection of antimicrobials	10
PC70i	• Dispense antimicrobials only within the context of a valid veterinarian-client-patient relationship	10

Handling

PC71	Minimal restraint is utilized when feasible.	20
PC72	Sedation or anesthesia is utilized, if appropriate, when handling fractious, frightened, or stressed patients.	60
PC73	Devices are used when appropriate for transporting and/or walking patients.	40

Housing

PC74.1	Patients are walked frequently to avoid elimination in their cage or litter/substrate is provided and changed frequently enough to maintain a sanitary environment.	100
PC76	Bedding is properly laundered and/or sanitized between patients.	60
PC77	Housing and care of patients optimizes their quality of life and prevents decubital ulcers or pressure related injuries, soiling and other potential injuries	60
PC78	The number of animals housed is limited to the number of permanent cages and runs.	40
PC79	Patients are individually housed unless requested in writing by the client and approved by a veterinarian.	20
PC80	Patients in the practice for medical care are segregated from those requiring other services such as boarding, grooming, or socialization.	60
PC81	Patients in the practice are segregated by species whenever possible.	20
PC82.1	Size, weight and species-specific needs for housing are met in regard to: <ul style="list-style-type: none"> • Housing unit/cage size • Perches/climbing structures/platforms • Hiding boxes/concealed structures • Bedding/substrates • Diet • Environmental conditions such as temperature, humidity, light, noise, etc. 	60
PC83	Housing provides adequate separation and barriers between animals to prevent their direct contact.	40
PC84	Construction of cages and runs prevents contamination from one animal to another.	40
PC85.1	The practice evaluates and addresses the special housing needs of fearful or anxious animals which may include the use of appeasement pheromones.	40
PC87	Animals are housed in cages and/or runs that are large enough to permit the animal to turn about freely and easily stand, sit and lay in a comfortable, normal position.	80
PC88	Runs are appropriately sloped and drained to facilitate easy, thorough cleaning. If drained by a trough, the trough is inaccessible to animals.	40
PC89	Floors and/or runs are well sealed, clean and in good condition.	40
PC90	Cage doors are clean and in good repair.	40
PC91	All partitions between runs are of solid construction and impervious material with a minimum height of 48 inches above the finished floor.	40
PC92	Two barriers to escape are present for each patient. Examples include a cage or kennel within a closed building; an attended patient on a leash within a closed building; an attended patient in an open outside area on a double leash; or an attended patient on a leash and within a fenced exercise area.	60

Therapeutic Laser

PC93	Therapeutic laser treatments are administered according to the attending veterinarian's documented patient assessment and treatment plan.	70
PC94	Documented operational training is provided to practice team members performing therapeutic laser treatment, and reviewed annually.	70
PC95	A practice team member is designated as the person in charge of therapeutic laser safety and ensures the practice adheres to the established safety guidelines.	50
PC96	Practice team members, patients, and other people in the room or vicinity of therapeutic laser treatments wear appropriate protective apparel.	50
PC97	Documented safety training is provided to practice team members performing therapeutic laser treatments making them aware of potential hazards to themselves, patients, and other nearby individuals, and reviewed annually.	40

Your Passing Score Must be 73% of Total Points: Patient Care

Mandatory Standards

MA36.1	All surgeries are performed by a licensed veterinarian. Veterinary students may perform surgery under the direct supervision of a licensed veterinarian in collaboration with a veterinary teaching hospital and in compliance with state and provincial veterinary boards. (Direct supervision is interpreted as having a licensed veterinarian on the premises.)	-
MA36.2	All major surgeries are performed in a surgical suite.	-
MA37.1	Clipping and initial cleaning of the surgical site is performed outside of the surgical suite.	-
MA38.1	Surgical suites are separate, closed, single purpose rooms entered only for activities associated with aseptic surgical procedures, thus minimizing the potential for contamination.	-
MA39.1	Sterile towels and drapes are used when major surgery is performed.	-
MA40.1	Prior to a surgical procedure, a practice team member performs a presurgical assessment.	-
MA41.1	Practice team members within the sterile field during major surgery wear proper attire including:	-
MA41.1a	• Disposable or reusable caps and masks that are laundered for each day's use	-
MA41.1b	• Sterile disposable gowns, or cloth gowns that are laundered and sterilized and changed between each patient	-
MA42	Sterile single use surgical gloves are utilized in all surgeries.	-
MA43.1	Separate surgical packs, sterilized utilizing an autoclave, ethylene oxide or gas plasma sterilizer, are used for each surgical procedure.	-
MA45	Supplies including, but not limited to, drapes, laparotomy pads or sponges, towels and gauze sponges, are properly wrapped and sterilized.	-
MA46	Equipment utilized in the surgical procedures room includes: <ul style="list-style-type: none"> • Surgical tables made of smooth nonporous material • An oxygen supply • Gas anesthetic machine capable of ventilatory assistance and having a vaporizer(s) compatible with the volatile agent(s) being used • Scavenging systems for anesthetic waste gases • Readily accessible emergency drugs (that may be located elsewhere) 	-

General

SX01	Surgical assistants are credentialed veterinary technicians, veterinarians or veterinary students.	60
SX03	Sterile suture material is single use only.	100
SX04	Surgical attendants remain outside of the sterile field.	80
SX05	If two separate sterile fields exist (patient and instrument table), traffic of non-sterile practice team members between the two sterile fields is prohibited.	80
SX06	The surgical drape is of adequate size. Fenestrated drapes are suitable for routine surgical procedures provided that the size of the fenestration approximates the size of the surgical incision.	50

Patient and Sterile Field Preparation

SX07	The surgical preparation room/area:	-
SX07a	• Is a separate room from the surgical suite but may serve additional purposes if proper maintenance and cleaning protocols are utilized to safeguard against contamination	20
SX07b	• Is in proximity or adjacent to the surgical suite	20
SX07c	• Has adequate lighting	20
SX07d	• Has floors, walls and counter tops made of smooth, nonporous materials that are easy to clean and maintain	20
SX08	The surgical preparation room/area and the surgical suite have a means for suspending extremities to facilitate surgical preparation.	20
SX09	Equipment and supplies in the surgical preparation room/area include:	-
SX09a	• Oxygen source	10
SX09b	• Anesthetic machine	10
SX09c	• Gas scavenger system	10
SX09d	• Emergency drugs (current and comprehensive group of items including dosages and updated periodically to reflect contemporary beliefs).	10

SX09e	• Clippers with a surgical blade	10
SX09f	• A vacuum to remove loose hair and debris	10
SX09g	• Wet table	10
SX11	The practice utilizes a written protocol for the preparation of surgical patients addressing: <ul style="list-style-type: none"> • Appropriate order, duration and timeliness of preparation • Preparation of specific body areas • Methods of antisepsis • Antiseptic products 	40
SX12	For major surgery, a sterile technique surgical prep is performed by a sterilely gloved practice team member after the patient is positioned in the surgical suite.	40
SX13	Practice team members assisting in the preoperative preparation of the patient are: <ul style="list-style-type: none"> • Aware of sources and consequences of bacterial contamination • Adequately trained, with a clear understanding of the patient preparation protocol • Under the supervision of a veterinarian 	40

Surgical Attire

SX14.1	Practice team members in the surgical suite wear shoe covers and/or dedicated surgery shoes.	40
SX15	Practice team members directly assisting in preoperative patient preparation or the surgical procedure wear scrubs while in the prep and surgery areas that are not worn into other areas of the practice.	40
SX16	During presurgical preparation, practice team members wear an overcoat/lab coat over scrubs. This outer garment is removed just prior to entering the surgical suite.	40
SX17	Any jewelry that may cause a potential breach of the sterile field is removed prior to entering the surgical suite.	40
SX18.1	Practice team members outside the sterile field during surgeries (anesthetist, floaters, etc.) wear proper attire including: <ul style="list-style-type: none"> • A cap/hood and mask to cover all scalp and facial hair • Clean scrubs and/or a clean observer gown (this could be a sterile gown but not required) 	80
SX18.2	Individuals entering the surgical suite wear a cap, mask, and shoe covers or dedicated surgical shoes.	20

Surgical Team Preparation

SX19	The practice utilizes a written protocol to ensure proper preparation of surgeons and surgical assistants.	100
SX20	A waterless/brushless surgical scrub is used in the practice. The product and methodology: <ul style="list-style-type: none"> • Are approved by the United States Food and Drug Administration (FDA) or Therapeutic Product Directorate of Health Canada (TPD) • Follow the Guidelines for Hand Hygiene from the United States Center for Disease Control (CDC) or Laboratory Center for Disease Control (LCDC) • Are used within the manufacturer's recommendations 	100
SX21	The surgery scrub area meets the following criteria: <ul style="list-style-type: none"> • Located outside of the surgery suite and in an area immediately adjacent to the surgery suite; it may be part of a surgical preparation room or treatment room • Adequate size to permit operation of any standard knee, elbow, electric eye or foot operated scrub sink • Deep sink made of impervious material (the depth allows scrubbing to the elbows without touching sink or faucet, having at least an 18 inch clearance from the mouth of the faucet to the base of the sink) • Medical grade sink and soap dispenser intended solely for surgical scrub • Knee, elbow, electric eye or foot operated hot and cold water taps • Foot, elbow operated or electric eye soap dispenser • Protected from contamination by location and/or cleaning protocol • Used only for surgical scrubbing by surgeons or surgical assistants 	100
SX22	Scrub brushes used for surgical preparation of practice team members are either disposable sterile brushes or reusable brushes that are thoroughly washed and sterilized after each use.	40

Surgical Instruments and Equipment

SX25	A regular maintenance program for autoclaves and other sterilization equipment is documented.	20
SX25.1	The practice routinely performs spore testing utilizing biological indicators for sterilization systems and documents the results.	20
SX26	Practice team member training includes the safe and proper operation of sterilization equipment and recognition of any possible malfunction.	60

SX27	Special care is taken when using ethylene oxide sterilization to ensure that the procedure does not present a risk to practice team members or patients.	60
SX27.1	The practice utilizes an integrating dosimeter that verifies the time, temperature and ethylene oxide concentration of each surgical load.	20
SX28	Practice team members involved in the use of gas sterilization equipment have successfully completed the training process recommended by the manufacturer.	60
SX28.1	The practice monitors practice team members' exposure to ethylene oxide utilizing a gas exposure badge at least once a year. Results of these findings are documented and maintained.	20

Surgical Pack Preparation

SX29	Ultrasonic cleaning, lubricating and routine maintenance per manufacturer's instructions are performed to improve longevity and maintain optimal performance of all instruments.	20
SX30	Pack wrapping materials are disposable or in good condition and laundered after each use.	20
SX31	Surgical packs are marked with the initials of the practice team member preparing the pack.	10
SX32	Surgical packs are marked with the contents and date on which they were sterilized.	20
SX33	Surgical packs are resterilized at regular intervals prior to use. Packing materials and storage procedures dictate the resterilization schedule.	60
SX34	The practice utilizes a written sterilization protocol that provides for appropriate sterile equipment and supplies.	60
SX35	Indicators or integrators that verify effective sterilization are used in the center of each pack. Adequate time, temperature and saturated steam are confirmed.	40

Surgical Suites

SX36	Surgical suites are convenient to the recovery room and the prep room.	60
SX37	Surgical suites have:	-
SX37a	• Walls, doors and floors that are smooth, nonporous and easily cleaned and maintained	60
SX37b	• Doors that are well-fitted and wide enough to permit passage of patients on a gurney	60
SX37c	• Doors that are kept closed, keeping traffic into the surgical suite to a minimum	60
SX37d	• Viewing windows, reducing the need to open the door	20
SX37e.1	• A specialized ventilation system designed to minimize aerosolized microorganisms	60
SX37f	• A laminar flow ventilation system	60
SX37g	• Positive pressure airflow	60
SX37h	• Ceilings that are smooth, nonporous, easily cleaned and maintained	40
SX38	The surgical suite does not contain non-patient sources of contamination during use.	100
SX39	Equipment utilized in the surgical suite includes:	-
SX39a	• Medical grade surgical tables	60
SX39b	• Medical grade surgical lights	60
SX39c	• Enclosed surgical lights	40
SX39d	• Battery-operated or alternate power supply emergency lighting	100
SX39e	• Medical grade instrument tables	60
SX39f	• Mayo stands or instrument table constructed of smooth, nonporous material	20
SX39g	• A bucket receptacle (kick bucket) of smooth, nonporous material	20
SX39h	• Intravenous fluid hangers or pole	20
SX39i	• A mechanical ventilator compatible with the gas anesthetic machine(s) in the room	60
SX39j	• Instrumentation for hemostasis and tissue coagulation such as electrocautery or laser	60
SX39k	• Scavenger for laser and/or electrocautery smoke	20
SX39l	• A safe and effective heat source for anesthetized patients (electric heating pads are prohibited unless manufactured specifically for companion animal use)	60
SX39m	• A body temperature monitoring device	60

SX39n	• Equipment for the quantitative measurement of arterial blood pressure	100
SX39o	• Capnometer	80
SX39p	• Pulse oximeter	80
SX39q	• Electrocardiograph (ECG) monitor	80
SX39r	• Electronic respiratory monitor	40
SX39s	• Esophageal stethoscope	20
SX39t	• Suction apparatus	100
SX39u	• A wall clock with a second hand	10
SX39v	• Pads on the surgery table(s) for the comfort and alleviation of possible injury to patients	40

Laser Surgery

SX40.1	A practice team member is designated as the person in charge of laser safety and ensures that the practice adheres to established safety precautions.	50
SX42	Practice team members are trained in the use and safety of the surgical laser and this is reviewed annually.	40
SX43	The practice keeps a log for the maintenance and performance of laser equipment.	20

Your Passing Score Must be 72% of Total Points: Surgery _____

Client Communication

CS01.1	The practice utilizes a documented training program to effectively communicate with clients, including:	-
CS01.1a	• Initial greeting (acknowledgment)	20
CS01.1b	• Patient's health status	20
CS01.1c	• Treatment plan and cost	20
CS02	The practice utilizes a training system to enable practice team members to perform telephone-related functions such as answering the phone, using the intercom, transferring calls and taking messages.	20
CS03.1	The practice utilizes the technology necessary to support client related business activities. This includes equipment and services such as the number of phone lines necessary to ensure availability for clients, voice messaging, answering services, credit card processing, and cell phones for texting patient updates.	20
CS04.1	The practice distributes up-to-date information about the services they provide to enhance client communication. For example, hours of operation, address, phone number, emergency instructions, etc. This information is disseminated through:	-
CS04.1a	• Practice brochure	20
CS04.1b	• Website	20
CS04.1c	• Social networking sites	20
CS04.1d	• Signage	20
CS04.1e	• On hold messages	20
CS05.1	The practice utilizes an electronic system to communicate with, educate, and remind clients about recommended care.	30
CS06	The practice utilizes a system to remind clients when their pets are due for recommended care such as wellness examinations, rechecks, immunizations, surgical and/or dental procedures or diagnostic tests.	60

General

CS08.1	The practice evaluates, at least annually, how its services and hours match client and community needs.	20
CS09	Client feedback is actively solicited. Such feedback might include focus groups, client surveys and evaluations and client input discussed during client service meetings.	40
CS10.2	Team meetings are conducted on a monthly basis, or more frequently, when issues arise such as client complaints, client's perception of value, patient care or when practice team members identify opportunities for improvement.	40
CS11.1	The practice utilizes a written client conflict protocol to help effectively address upset and unhappy clients. Topics include client communication and how the conflict and follow-up will be handled.	60
CS13.2	The practice creates and utilizes forms (copied, printed or electronic format) in a manner that maintains a professional appearance.	20

Accreditation Awareness. **Note: Standards CS14.1 through CS18 do not apply if this is your first evaluation**

CS14.1	The practice actively promotes their accredited status and the value it brings to their patients and clients. The practice is branded as AAHA accredited through the use of the AAHA-accredited logos and promotion of AAHA accreditation messaging throughout the practice.	60
CS15	All practice team members are educated about and understand the purpose, meaning, and value of AAHA accreditation and are capable of communicating the practice's commitment to excellence to clients.	100
CS16	The practice actively promotes their accredited status using current AAHA-accredited logos on:	
CS16a.	• Signage	20
CS16b.	• Printed materials such as business cards, letterhead, invoices, etc.	20
CS16c.	• Electronic communications such as emails, reminders, e-newsletters	20
CS16d.	• Name badges, uniforms, and/or AAHA lapel pins	20
CS16e.	• Marketing materials such as practice brochure, reminders, blast emails, etc.	20
CS16f.	• Website	40
CS16g.	• Social networking sites	20

CS17	The practice actively promotes the value of AAHA accreditation to clients through the use of current AAHA-accreditation materials:	
CS17a.	● AAHA-accredited brochure	20
CS17b.	● Accreditation certificate/plaques that are displayed in client areas	20
CS17c.	● On-hold messages	20
CS17d.	● Facebook banners/wall photos	20
CS17e.	● Up-to-date and complete information in the AAHA hospital locator	20
CS18	The practice actively promotes the value and benefits of AAHA accreditation through community outreach programs.	40

Your Passing Score Must be 73% of Total Points: Client Service

General

CE01	The practice's professional library includes current books, periodicals and multimedia materials appropriate to the needs of the practice team.	60
CE02	Internet access within the practice is readily available to practice team members for research and education.	60
CE03	Each veterinarian has a minimum of 20 hours of documented continuing education per year in the field of scientific veterinary medicine.	60
CE04	A designated practice team member with managerial responsibility has a minimum of 20 hours of documented continuing education per year in practice management topics such as human resources, financial management and interpersonal communication skills.	60
CE05.1	Each veterinarian has a minimum of 50 hours of documented continuing education per year in the field of veterinary medicine. (Establishing compliance with this standard is determined by the number of veterinarians achieving the required hours.) The minimum of 50 hours is inclusive of the 20 scientific hours.	60
	0% (0) 25% (15) 50% (30) 75% (45) 100% (60) _____	
CE06.1	Each credentialed veterinary technician has a minimum of 20 hours of documented continuing education in the field of veterinary medicine every two years.	60
	0% (0) 25% (15) 50% (30) 75% (45) 100% (60) _____	
CE06.2	Each veterinary assistant has a minimum of 15 hours of documented continuing education in the field of veterinary medicine every two years.	60
	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) _____	
CE06.3	Each customer service representative (CSR) has a minimum of 15 hours of documented continuing education every two years.	60
	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) _____	
CE07	Practice team members follow an organized plan of educational self-improvement and information dissemination.	60
CE08	All practice team members are educated about and understand the purpose and meaning of AAHA accreditation and are capable of communicating the practice's commitment to excellence to clients.	60

Your Passing Score Must be 42% of Total Points: Continuing Education _____

General

HR01	The practice defines, in writing, the qualifications, competencies and staffing necessary to fulfill its mission.	40
HR02	Experience, education, credentials, and abilities are confirmed for practice team members.	40
HR03	Periodic assessments are utilized to evaluate practice team members' performance with the goal of improvement.	60
HR04.1	Management provides team members opportunities to give feedback regarding their work environment.	40
HR05	Management addresses the following human resource issues in writing and disseminates the information to appropriate practice team members:	-
HR05a	• Job descriptions	20
HR05aa	• Continuing education	20
HR05b	• Hiring (background checks, drug testing, required forms, etc.)	20
HR05b.1	• The practice performs background checks such as verification of credentials, personal references, criminal background checks for all practice team members prior to hiring. All members should ensure they are in compliance with state/provincial and national regulations regarding background checks.	20
HR05bb	• Incentives/bonus plans	20
HR05c	• Work schedules	20
HR05cc	• Employees appearance policies including topics such as personal hygiene, clothing/uniforms, jewelry, tattoos and piercings	20
HR05d	• Wage and salary information (overtime, pay schedule, direct deposit, etc.)	20
HR05e	• Performance and compensation reviews	20
HR05f	• Equal Employment Opportunity	20
HR05g	• Employee communications	20
HR05h	• Harassment policy	20
HR05i	• Drug-free workplace policy	20
HR05j	• Attendance (tardiness, leaves of absence, and absenteeism)	20
HR05k	• Grievance procedures	20
HR05l	• Reward/discipline	20
HR05m	• Termination	20
HR05n	• Employee handbook, policies and procedures	20
HR05o	• Insurance coverage such as disability, workers compensation, health, dental, pet health	20
HR05p	• Pregnancy policy, maternity leave, family medical leave	20
HR05q	• Current applicable government required information such as minimum wage, Occupational Safety and Health Administration (OSHA), Workplace Hazardous Materials Information System (WHMIS), Human Resources Development Canada (HRDC), Consolidated Omnibus Budget Reconciliation Act (COBRA), employee rights	20
HR05r	• Unemployment compensation	20
HR05s	• Social Security/Canadian Social Security	20
HR05t	• Profit sharing plan/retirement plan	20
HR05u	• Vacation/holidays/personal leave days	20
HR05v	• Employee discounts/ pet health benefits	20
HR05x	• Workplace safety	20
HR05xx	• Social media policy	20
HR05y	• New hire orientation	20
HR05z	• Staff training	20
HR06	The practice utilizes a written protocol for resolving conflicts among practice team members.	40
HR07.2	The practice utilizes a drug-testing program to support a drug-free environment and verifies compliance with state/provincial and national regulations regarding drug testing.	40

General

PL01.1	The practice utilizes a practice team philosophy.	100
PL01.2	The practice utilizes a documented culture initiative focusing on practice team wellness.	60
PL02	The practice utilizes written guidelines that outline an ethical philosophy regarding commonly encountered ethical issues.	100
PL03	The practice leadership, along with key practice team members, develops and periodically reviews their written:	-
PL03a	• Mission statement	20
PL03b	• Vision for the practice	20
PL03c	• List of core values for the practice	20
PL03d	• Professional conduct	20
PL04	To achieve practice goals, leadership:	-
PL04a	• Shares the mission, vision and values with practice team members	60
PL04b	• Adjusts priorities in response to unusual or urgent events in order to maintain high quality patient care	100
PL04c	• Fosters communication, responsibility and coordination among individual departments	60
PL04.1	The practice offers a mentorship program for new or recent graduates and has written guidelines in place for mentoring.	40
PL05	The practice utilizes a practice manager who has undergone formal training. This would include a management or human resources degree and/or veterinary specific management courses.	100
PL05.1	The practice utilizes a Certified Veterinary Practice Manager (CVPM).	100
PL06.1	Leaders develop, document, utilize, and monitor the following:	-
PL06a	• An annual operating budget	40
PL06b	• A long-term capital expenditure plan	40
PL06c	• Marketing plan	20
PL07	Practice leaders provide team members with adequate information in regard to practice finances.	60
PL07.1	The practice uses the AAHA/VMG Chart of Accounts.	40
PL08	Practice leadership provides for appropriate practice team participation in management.	60
PL09	The practice utilizes a written plan that details how the practice is managed or a management organization chart that is updated periodically.	60
PL10	The practice utilizes a written identity theft prevention program.	20
PL10.1	The practice has a written business continuation plan addressing temporary work stoppages, fire, serious illness, death of owner, and any natural disasters routinely experienced in the area.	40

Eco-friendly

PL11.1	The practice utilizes a business philosophy that promotes environmentally friendly practices. The philosophy includes what steps the practice takes to reduce its environmental impact (i.e., recycling programs, high efficiency appliances or other energy saving ideas), how the practice team is trained, involved and encouraged to reduce waste, and how the "green" philosophy is shared with the team and clients.	40
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Your Passing Score Must be 55% of Total Points: Leadership

Mandatory Standards

MA35.5	Each AAHA-accredited specialty practice has a medical director who is board certified in that specific discipline. At least one board certified veterinary specialist in the specific discipline is at the practice at least 75% of the time the practice is open and/or the specialty service is provided.	-
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Responsibilities Prior to Referral

RC01	The receiving veterinarian should:	-
RC01a	Convey/communicate the services they provide to their veterinary community and also provide their credentials such as board certification, to the referring veterinarian.	20
RC01b	Inform the veterinary community as to their willingness to provide limited care for certain medical conditions.	20
RC01c	Provide guidance to the referring veterinarian regarding how their fees should be discussed with clients prior to referral.	20
RC01d	Provide the referring veterinarian with information such as a brochure, websites, etc. that they want conveyed to the client at the time of the referral.	20
RC01e	Whenever there is a self-referral, explain to the client the need for communication with their referring veterinarian and communicate with the veterinarian as if a referral had taken place.	20
RC01f	Inform the referring veterinarian of the level of medical detail and format that they prefer for referral records.	20
RC01g	Provide the referring veterinarian a time-frame regarding when to expect communication concerning referred patients.	20
RF01	The referring veterinarian should:	-
RF01a	<ul style="list-style-type: none"> Be aware of the specialty services available in their geographic area. 	20
RF01b	<ul style="list-style-type: none"> Consider making a referral in a timely manner based on the patient's condition and those resources that optimize patient care. 	20
RF01c	<ul style="list-style-type: none"> Consider making a referral when there are any of the following: <ul style="list-style-type: none"> a need for additional expertise and/or advanced training a need for additional equipment or services to provide further diagnostic testing or care an inconclusive diagnosis an unresolved or worsening medical condition a need for medical supervision (24 hours/7 days/week) client dissatisfaction with the progress of the case 	20
RF01d	<ul style="list-style-type: none"> Acknowledge, respect, and honor a client's request for a second opinion in a timely manner. 	20
RF01e	<ul style="list-style-type: none"> Educate the client regarding the purpose of the receiving veterinarians' consultation, their advanced credentials, qualifications and expertise as well as initial fees. 	20
RF01f	<ul style="list-style-type: none"> Inform the client of the probable timing of surgical and/or medical procedures to be performed by the receiving veterinarian. 	20

Responsibilities During the Referral Process

RC02	The receiving veterinarian's role should include education of the client and referring veterinarian.	-
RC02a	Explain to the client the need/reasoning for additional or repeated diagnostic assessment and care.	20
RC02b	Limit services to the problem for which the animal was referred. Additional services should be provided only when they are in the best interest of the patient. Whenever possible the receiving veterinarian should communicate this to the referring veterinarian before the service is performed.	20
RC02c	Support the referring veterinarian to the fullest extent possible without a compromise of integrity.	20
RC02d	If possible, provide the referring veterinarian with daily updates on the status of hospitalized patients.	20
RC02e	Update the referring veterinarian (either through written or verbal communication) before the client has a need or opportunity to contact the referring veterinarian.	20
RC02f	At the earliest opportunity or agreed upon intervals, inform the referring veterinarian of the tentative diagnoses, diagnostic and therapeutic plans, and all subsequent revisions.	20
RC02g	Discuss their desire to refer the patient to another veterinarian for an additional referral with the referring veterinarian. If possible, this should take place prior to the subsequent referral.	20
RC02h	Initiate communication with the referring veterinarian regarding when or if the referring veterinarian should resume care of the patient for the problem for which the patient was referred.	20

RC02i	Provide treatment/flow sheets to accompany the patient when the patient is: <ul style="list-style-type: none"> going back to the referring veterinarian for immediate on-going care referred to another receiving veterinarian 	20
RC02j	Provide enough medication/diets to maintain the patient until the client is expected to see the referring veterinarian for follow up care. Recommendations for sources of long term medication/diets should be made by the referring veterinarian.	20
RC03	The receiving veterinarian's role should include education of the client and referring veterinarian.	20
RF02	The referring veterinarian should:	-
RF02a	<ul style="list-style-type: none"> Transfer the responsibility for the case once the referral has taken place. At that point, the healthcare decision process becomes the responsibility of the receiving veterinarian. 	20
RF02b	<ul style="list-style-type: none"> Not perform diagnostic tests for which the results are not likely to be available at the time of the referral in order to avoid duplication of diagnostic tests by the receiving veterinarian and additional client expense. 	20

Responsibilities Post Referral

RC04	The receiving veterinarian should:	-
RC04a	Ensure effective communication (written and/or verbal) has taken place prior to transferring the patient back to the referring veterinarian for on-going medical care. Communication should include the following: <ul style="list-style-type: none"> diagnostic findings and interpretations current status and prognosis treatment plans and recommendations for on-going care the level of follow-up care necessary including timelines who should ultimately/optimally provide the care the responsibility of each and how this information should be communicated the communication given to the client including providing the referring veterinarian a copy of the discharge instructions pending tests (forward if not available at the time of the written summary) 	20
RC04b	Request that the referring veterinarian notify them if there is a significant change in the status of the patient following transfer back to the referring veterinarian when the case is unresolved/on-going.	20
RF03	The referring veterinarian should:	-
RF03a	Inform the receiving veterinarian whenever the patient returns for the referred problem regardless of whether it is expected or unexpected. If there is an expectation that the receiving veterinarian contact the referring veterinarian or owner, this should be communicated to the receiving veterinarian (as opposed to just informing them of the contact).	20

Both Responsibilities Prior to Referral

RB01	Both the receiving and referring veterinarian should:	-
RB01a	<ul style="list-style-type: none"> Recognize that phone consultations require the time and resources of the receiving veterinarian and that compensation may be appropriate. Receiving veterinarians should determine if compensation is appropriate on a case by case basis. 	20
RB01b	<ul style="list-style-type: none"> Ensure their primary focus is the best interest of the patient, when considering a referral. 	20
RB01c	<ul style="list-style-type: none"> Work together to create a relationship built on mutual trust and respect in all matters of communication between themselves and the client. 	20
RB01d	<ul style="list-style-type: none"> Acknowledge that patient care may be best served through the referral process rather than client self referral. 	20
RB01e	<ul style="list-style-type: none"> Make every effort to maintain/enhance the relationship the client has with both veterinarians. 	20
RB01f	<ul style="list-style-type: none"> Enhance the relationship and communication between the referring veterinarian and the receiving veterinarian in their marketing materials by: <ul style="list-style-type: none"> emphasizing a team approach to patient care focusing on education and improving awareness of services provided by board certified specialists emphasizing the importance of the role of primary care veterinarians 	20

Both Responsibilities During the Referral Process

RB02	Both the receiving and referring veterinarian should:	-
RB02a	<ul style="list-style-type: none"> Enhance communication between the receiving veterinarian and the referring veterinarian during the referral process. 	20
RB02b	<ul style="list-style-type: none"> Provide the receiving veterinarian with pertinent information in a legible format regarding the patient's medical history as well as any non-medical issues they should be aware of regarding the client prior to the appointment. It is the responsibility of the receiving veterinarian to be familiar with the information provided by the referring veterinarian, and request additional information if necessary for proper case management. 	20
RB02c	<ul style="list-style-type: none"> Determine the frequency of communication between the referring veterinarian and the receiving veterinarian at the time of referral, based on previous interactions or by mutual understanding. 	20
RB02d	<ul style="list-style-type: none"> Determine the urgency for follow-up contact based on situations such as imminent patient death or client dissatisfaction. 	20
RB02e	<ul style="list-style-type: none"> Determine the preferred method of communication (phone including home/cell, email, fax, etc.) and when it is acceptable to contact each other outside of normal business hours. 	20
RB02f	<ul style="list-style-type: none"> Discuss which services each will provide following the referral. The receiving veterinarian should also communicate this to the owner to ensure consistency of communication. 	20
RB02g	<ul style="list-style-type: none"> Inform clients of the pertinent services available and the extent of after-hour staffing. If available and deemed appropriate for the patient, the practice not offering 24 hour care should give clients the option of transferring patients to a facility that can provide this service. 	20
RB02h	<ul style="list-style-type: none"> Share the concern of the client with the other veterinarian as soon as possible, when a client expresses a concern regarding one of the veterinarians involved in the referral process and do what they can do to allay the concern. 	20
RB02i	<ul style="list-style-type: none"> Inform the other veterinarian when they find it necessary to euthanize a patient or the patient dies while involved in on-going care. This should be done as soon as possible that day or as soon as practical. 	20
RB02j	<ul style="list-style-type: none"> Communicate with each other when they believe there is an opportunity to improve the quality of care or service provided by either. 	20

Your Passing Score Must be 30% of Total Points: Referral

Mandatory Standards

MA48	Documented radiographic safety training is provided to practice team members involved in radiology procedures upon hire and annually thereafter.	-
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General

SA01	The practice complies with federal, state, local and provincial regulations regarding veterinary practice such as controlled substances and work place safety (i.e., OSHA, DEA, WHMIS, etc.).	100
SA02	Preventive and corrective facility and equipment maintenance programs are utilized, and the practice team members responsible for implementation receive appropriate training.	20
SA03	Practice team members receive training on the ergonomic concerns that may be part of their normal workday such as repetitive motion and appropriate lifting techniques.	20
SA04	Job safety and health protection posters are located in an area available to all practice team members.	10
SA05.1	To provide a safe environment for clients, patients, and practice team members, the practice performs and documents annual safety training, which addresses:	-
SA05.1a	• Personal safety such as tripping hazards	10
SA05.1b	• Personal security such as outside lighting when practice team members are leaving after dark	10
SA05.1c	• Injury prevention and management	10
SA05.1d	• Smoking	10
SA05.1e	• Management of emergencies, including loss of utilities	10
SA05.1f	• Management of hazardous materials	10
SA05.1g	• Potential hazards related to reproduction	10
SA05.1h	• Spill kits for hazardous chemicals	10
SA06	Management addresses the safety issues surrounding standard operating procedures. At a minimum, the following procedures are evaluated, documented, and communicated to the practice team:	-
SA06a	• Opening and closing procedures	10
SA06b	• Cash handling	10
SA06.1	Practice team members are educated on regulations and the critical nature of controlled substances. This training is performed upon hire and annually thereafter.	60
SA07	Security issues are evaluated at least annually.	10
SA08	Security systems, patrol services or monitoring are utilized.	60
SA09.1	The practice has a written disaster preparedness plan to address natural disasters that are typically experienced in the area (hurricane, tornado, earthquake, flood, etc.). The plan includes:	-
SA09a	• An evacuation plan for people and animals (patient evacuation never compromises human safety)	40
SA09b	• An assembly area or meeting place (so everyone can be accounted for)	10
SA09c	• Emergency contacts	10
SA09d	• Location of gas shut-off and electrical breakers	10
SA09e.1	• Options for the containment of patients and the continuation of life-sustaining care	10
SA09f.1	• A content list and location of kit containing essential supplies such as a flashlight, mask, respirator, and tools	10
SA10.2	The practice has a written policy regarding human CPR and first aid response.	20
SA11	Adequate emergency lighting exists. Battery-operated lights or alternate power sources are maintained, tested and inspected on a monthly basis.	60
SA12	A source of back-up lighting and power, such as a generator, for critical medical equipment is kept, maintained and tested regularly in case of emergency and/or lengthy power outages.	100
SA13.1	The hospital has a hazardous chemical spill kit located in a designated and readily accessible location.	10
SA14	Approved sharps containers are located in every room where needles and syringes are used.	10

SA15	Noise is minimized throughout the practice.	20
SA16	Deceased patient's remains are promptly sealed in heavy plastic bags or a biodegradable alternative and properly identified.	60
SA17	Deceased patient remains are refrigerated or frozen within twenty-four hours.	20
SA18	Pets and mascots residing in the practice are not allowed to place persons, patients or facilities at risk for disease or injury.	20
SA19	Proper protective apparel is worn by all practice team members performing bathing and dipping.	10

Compressed Gases

SA20	Tanks containing compressed gases are securely fastened to prevent falling or tipping.	10
SA21	Compressed gas tanks, valves, regulators, lines and connections are checked monthly for leakage.	10
SA22	All practice team members routinely in the vicinity of compressed gases are trained in the hazards associated with compressed gas tanks.	20

Fire Safety

SA23.1	Written instructions and/or diagrams are posted for the practice team and client evacuation in case of fire or other danger.	80
SA24	Evacuation plans address client, patient and practice team safety. Patient evacuation never compromises human safety.	80
SA25	Evacuation plans denote an assembly area or areas for the practice team.	40
SA26.2	Documented fire safety, prevention and evacuation plan education is provided upon hire and annually thereafter.	40
SA27	An appropriate number and type of fire extinguishers are readily available and properly maintained.	20
SA28.1	Detectors or systems for safety and fire prevention and alert are operable and well maintained including:	
SA28.1a	Carbon monoxide detectors	20
SA28.1b	Smoke or heat detectors	20
SA29	Centrally monitored fire detection devices (off site monitored smoke detectors, heat detectors or sprinkler systems) are provided.	100

Your Passing Score Must be 67% of Total Points: Safety _____

General

MR01	The practice maintains records in such a way that any veterinarian may be able to proceed with the continuity of care and treatment of that patient.	100
MR02	Letter-sized records or electronic medical records are used.	80
MR03	Medical records are retained for the length of time necessary to serve as resources for patient care, legal requirements, research and educational tools.	20
MR04	Medical records are legible.	80
MR05	Where abbreviations are appropriate, standard abbreviations are utilized.	20
MR06	Each patient's response to care is documented.	0% (0) 25% (15) 50% (30) 75% (45) 100% (60) ____
MR07	The practice uses a consistent system of medical record keeping.	40
MR08	The medical record filing system allows for easy retrieval.	40
MR09	A consistent patient identification method (patient name and/or identification number) is used on records throughout each department in the practice.	20
MR10	Medical record entries (problem list, prescriptions, etc.) are completed prior to filing.	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
MR11	Problem-oriented medical records are utilized. All medical records document patient medical information in a logical, organized and clinically oriented manner, and include: <ul style="list-style-type: none"> • chief complaint • patient history • physical examination results • assessment • plan 	100
MR12	A separate summary listing of the patient's problems is maintained.	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
MR13	Each patient has a separate medical record. However, the medical record of juvenile offspring can be kept in the parent's record until they are permanently placed or reach the age of three months.	40
MR14	Client information accurately reflected in the medical record includes: <ul style="list-style-type: none"> • Name of owner • Address • Home telephone number • Alternative telephone numbers • Name of referring person or group, if applicable 	20
MR15	The following information is reflected in each patient's medical record:	-
MR15a	• Name	10
MR15b	• ID number (if applicable)	10
MR15c	• Species	10
MR15d	• Breed (if applicable)	10
MR15e	• Date of birth or age	10
MR15f	• Sex/altered	10
MR15g	• Color and/or markings	10
MR15h	• Microchip number or tattoo (if applicable)	10
MR17	During immunization visits, clients are presented with the following:	
MR17a	• A list of immunizations indicating which biologicals were administered and the dates of administration	10
MR17b	• A schedule for future immunizations	10
MR18	The patient's weight is recorded in the medical record each time the patient is presented to the practice.	0% (0) 25% (15) 50% (30) 75% (45) 100% (60) ____
MR19	The author of medical record entries is permanently and uniquely identified (by code numbers/letters, initials, or signatures) in a manner that is understood by anyone examining such records.	0% (0) 25% (15) 50% (30) 75% (45) 100% (60) ____

MR20	A practice team member identity/initials log is permanently maintained correlating every practice team member making entries in patient records with their unique number, combination of initials or other identifying symbols. Name changes and effective dates are also recorded.	20
MR20.1	The practice reviews medical records for compliance with AAHA standards and the member hospital's standard of care.	40
MR21	Medical records clearly reflect the following:	-
MR21a	<div> <div>Date(s)</div> <div>0% (0) 25% (5) 50% (10) 75% (15) 100% (20) ____</div> </div>	
MR21b	<div> <div>Presenting complaint(s)</div> <div>0% (0) 25% (5) 50% (10) 75% (15) 100% (20) ____</div> </div>	
MR21c	<div> <div>Pertinent history</div> <div>0% (0) 25% (5) 50% (10) 75% (15) 100% (20) ____</div> </div>	
MR21d.1	<div> <div>A comprehensive physical exam of major organ systems (both normal and abnormal) for any new presenting complaints.</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21e	<div> <div>Problems</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21f	<div> <div>Tentative diagnoses or rule outs</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21g	<div> <div>Definitive diagnoses, when made</div> <div>0% (0) 25% (15) 50% (30) 75% (45) 100% (60) ____</div> </div>	
MR21h	<div> <div>Therapeutic plans</div> <div>0% (0) 25% (15) 50% (30) 75% (45) 100% (60) ____</div> </div>	
MR21i	<div> <div>Medications administered and dispensed</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21j	<div> <div>Client communication, including unsuccessful attempts to reach the client, means of contact such as by telephone or email and who was contacted</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21k	<div> <div>Discharge instructions</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21l	<div> <div>Prognosis, in complex or serious cases</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21m	<div> <div>Client waivers or deferral of recommended care</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21n	<div> <div>Consultations with the referring veterinarian, other receiving veterinarians, specialists or any veterinarians evaluating or treating the patient, including the veterinarian(s), name(s), date(s), and recommendation(s)</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21o	<div> <div>Procedures performed in chronological order</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21p	<div> <div>An accurate description of surgical procedures, including duration and identity of the surgeon</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21q	<div> <div>Accurate description of anesthesia, including duration and identity of anesthetist</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21q.1	<div> <div>Accurate description of dental procedures, including duration and identity of the practice team members.</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21r	<div> <div>Any changes in therapy, including medications or doses and changes made by telephone</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21s	<div> <div>Reports and assessments of diagnostic procedures, such as laboratory tests, electrocardiography, imaging and cytology evaluations</div> <div>0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____</div> </div>	
MR21t	<div> <div>Signed consent forms</div> <div>0% (0) 25% (15) 50% (30) 75% (45) 100% (60) ____</div> </div>	
MR21t.1	<div> <div>Signed treatment plan and associated fees/estimate</div> <div>0% (0) 25% (5) 50% (10) 75% (15) 100% (20) ____</div> </div>	

MR21u	<ul style="list-style-type: none"> Content or reports from professional consultations pertinent to the patient's care, such as computer discussion forums, poison control, drug technical support veterinarians, veterinarians who have previously rendered care to the given patient and rounds discussions with other veterinarians 	0% (0)	25% (10)	50% (20)	75% (30)	100% (40)	___
MR22.2	A documented medical history includes available information and patient history of care provided from other veterinary practices.	0% (0)	25% (25)	50% (50)	75% (75)	100% (100)	___
MR23	Sufficient information is entered in the history and examination portions of the record to justify the tentative diagnosis, problems, and treatment.						80
MR24.1	Client communication regarding their pet's symptoms, changes in activities, and behaviors are recorded in the medical record.						40
MR25	Identification of each medication administered is included in the medical record including:						-
MR25a	<ul style="list-style-type: none"> Name of medication 	0% (0)	25% (5)	50% (10)	75% (15)	100% (20)	___
MR25b	<ul style="list-style-type: none"> Time 	0% (0)	25% (5)	50% (10)	75% (15)	100% (20)	___
MR25c	<ul style="list-style-type: none"> Date 	0% (0)	25% (5)	50% (10)	75% (15)	100% (20)	___
MR25d	<ul style="list-style-type: none"> Dosage 	0% (0)	25% (5)	50% (10)	75% (15)	100% (20)	___
MR25e	<ul style="list-style-type: none"> Fluid rate (if appropriate) 	0% (0)	25% (5)	50% (10)	75% (15)	100% (20)	___
MR25f	<ul style="list-style-type: none"> Route of administration 	0% (0)	25% (5)	50% (10)	75% (15)	100% (20)	___
MR25g	<ul style="list-style-type: none"> Frequency 	0% (0)	25% (5)	50% (10)	75% (15)	100% (20)	___
MR25h	<ul style="list-style-type: none"> Duration of treatment 	0% (0)	25% (5)	50% (10)	75% (15)	100% (20)	___
MR25i	<ul style="list-style-type: none"> Identification of individual(s) who administered the medication 	0% (0)	25% (5)	50% (10)	75% (15)	100% (20)	___
MR26	The practice provides summaries or copies of the medical record when requested by the client.						60

Protocols

MR27	The practice utilizes a written protocol to ensure appropriate client communication regarding deceased patients such as removal of patient name from reminder lists and appropriate expressions of sympathy.	40
MR28	The practice utilizes a written protocol that details the maintenance of medical records. The protocol includes: <ul style="list-style-type: none"> • Who can write in the medical record • Information regarding the confidentiality of the medical records • Who has the authority to access the information 	40
MR29	The practice utilizes a written protocol for how medical record information is provided to the client. This includes: <ul style="list-style-type: none"> • Who approves the communication of the medical record • The form in which the communication is delivered such as fax, telephone, email or photocopy • Under what circumstances and in what form the medical record or supporting documents such as radiographs, diagnostic results or veterinarian's orders can be delivered to the client 	60

Client Communication

MR32	The following matters are discussed with the client prior to obtaining informed consent:	-
MR32a	<ul style="list-style-type: none"> • Potential benefits and drawbacks of recommendations 	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
MR32b	<ul style="list-style-type: none"> • Potential problems related to recuperation 	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
MR32c	<ul style="list-style-type: none"> • The likelihood of success 	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
MR32d	<ul style="list-style-type: none"> • The possible results of non-treatment 	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
MR32e	<ul style="list-style-type: none"> • Any significant alternatives 	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
MR32f	<ul style="list-style-type: none"> • Financial responsibility 	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____
MR34	Written discharge instructions are effectively communicated and given to the client. A copy is maintained in the medical record.	0% (0) 25% (10) 50% (20) 75% (30) 100% (40) ____

Record Organization

MR36.1	The practice utilizes a written protocol, updated and current, that details where they will enter information and what format will be used to maintain various types of information, e.g., PDF, links, attachments, consent forms stored elsewhere, etc.	80
MR38.1	Icons, links, or notations are evident within the patient medical record indicating the existence of digitized, scanned, or physical documentation, elsewhere in the system. This includes items such as radiographs, ECG strips, referral, telemedicine, diagnostic reports, and documentation of other diagnostics and care.	20
MR39.1	The practice consistently utilizes questionnaire templates to guide record entries pertinent to each presenting complaint.	40
MR40	Physical examination templates are utilized within a structure consistent with SOAP or POMR formats. Entries about vital signs, "normal," "abnormal," and "not evaluated" are complete. If findings default to "normal," yet abnormal findings are observed, the record is corrected at the time of entry within the same area of the template.	40
MR41	The format of the electronic medical record supports and enhances the creation of documentation that will enable any veterinarian to provide continuity of care for any given patient.	100
MR42	There is an indication of the size of the medical record dataset for the patient and the position of the active display(s) within that dataset such as location icons, tabs, scrollbars, etc.	20
MR43	Patient-oriented logs are linked to medical records to ensure they may be accessed from the patient record screen or reviewed chronologically across patients.	20

Confidentiality, Security, and Integrity

MR44	Electronic medical record systems provide confidentiality and integrity by preventing unauthorized viewing or editing. This can be accomplished when practice team members log out of the record or the medical record system automatically times out.	40
MR45	There is indisputable identification of the author of medical record entries.	40
MR46.1	Practice Information Management Software (PIMS) is backed up daily, at a minimum.	40
MR47.1	Restoration of Practice Information Management Software (PIMS) using backup data is tested as recommended by your software vendor or information technology professional.	40
MR48.1	To ensure confidentiality and integrity, the electronic medical record system automatically closes record notations after a user-specified period (maximum of 24 hours). Amendments/addendums are clearly recorded in an audit trail.	40
MR49.1	Practice Information Management Software (PIMS) produces an audit trail or log, indicating who made specific entries and/or revisions of content as well as when these changes took place.	40
MR50.1	The Practice Information Management Software (PIMS) utilizes role-based security, allowing specific practice team members, classified within various positions, different levels of access to viewing, adding to, and/or altering information.	20
MR51	Peripheral, handheld and wireless computing devices are maintained with similar data security as the main server. All data contained in laptops, PCs or other wireless devices is secured using methods such as password protection, encryption, or restrictions on leaving premises.	40
MR52	All data contained in laptops, tablet PCs or other wireless devices not connected to the server is backed up weekly, at a minimum.	20

Standardized Medical Nomenclature

MR53.1	The standardized medical nomenclature for diagnosis and problem lists provided in the electronic medical record system is utilized.	20
MR54	An electronic diagnosis and/or problem list can be created in summary form for each patient, allowing rapid production of continuity of care documents.	20
MR55	The diagnosis and/or problem list indicates active and resolved problems.	20
MR56.1	The AAHA Standard Diagnostic Terms are utilized to maintain a diagnosis and/or problem list. This list is updated at each patient presentation.	20

Incidence Reports

MR57	Multi-parameter reports can be created across all patients allowing evaluation of relevant information such as disease incidence, identification of patients with specific demographics, common presenting problems and/or laboratory values outside specified levels.	20
MR58	Data extraction is supported within the software system. When authorized by the practice, other programs (for example, reference laboratories, telemedicine consultation, etc) can access specific data and predetermined data field information for the purpose of sharing the information with the veterinary industry.	20

Your Passing Score Must be 78% of Total Points: Medical Records

General

EF01	Dedicated examination facilities are provided. (It is suggested that not less than 80 square feet be allotted for each exam room).	40
EF02	Each examination room is of adequate size to allow for patient examinations and sufficient space for the veterinarian, patient, client and another practice team member.	40
EF03	Examination rooms have adequate lighting for proper examination of patients and at least one room is capable of being darkened as necessary.	60
EF04	Examination rooms provide a quiet environment for patient evaluation.	20
EF05	Each examination room has an examination table with a fluid-impervious surface for easy disinfecting.	10
EF06	Minimum equipment in or convenient to each examination room includes:	-
EF06a	• Sterile, unused needles and syringes for injection	10
EF06b	• Stethoscope	10
EF06c	• Accurate scales	10
EF06d	• Restraint equipment	10
EF06e	• Thermometer	10
EF06f	• Otoscope	10
EF06g	• Direct ophthalmoscope or indirect ophthalmic lens	10
EF06h	• Single use disposable exam gloves	10
EF06j	• Radiographic viewer	10
EF06k.1	• Sink and/or alcohol based hand sanitizer dispensers	10
EF06l	• Visual aids, such as dog and cat dental models, available for client education.	10
EF07	Each examination room has cleaning materials, disinfectant, disposable towels and a covered/enclosed waste receptacle.	10

Your Passing Score Must be 93% of Total Points: Examination Facilities

Mandatory Standards

MA20	Client and patient areas of the practice are neat, clean and well organized.	-
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General

HM01	The housekeeping program provides and maintains a safe, sanitary, functional, professional and pleasant environment.	100
HM02	The practice is free of persistent offensive odors.	100
HM03	Furnishings are properly maintained and conveniently arranged in order to be pleasing to the client and conducive to the patient's comfort.	20
HM04	Practice team members understand housekeeping and maintenance goals and programs including:	-
HM04a	• The relationship to infectious disease prevention and control	40
HM04b	• Safe and proper handling of equipment, materials and chemicals used for cleaning and disinfecting	40
HM05	The practice team is knowledgeable about proper handling and disposal of waste materials and the cleaning and disinfection of compartments, exercise areas and runs.	20
HM06	Client area displays, such as brochures, retail items and pictures are clean and orderly.	20
HM07	Custodial equipment and supplies are cleaned and properly stored.	20
HM08.1	Dedicated cleaning materials are utilized on the surgical suite floor and stored outside of the surgical suite.	20
HM09	Linen storage minimizes contamination from surface contact or airborne sources.	40
HM10	All soiled linens are contained enclosed and covered to prevent the spread of contamination.	40
HM11	An adequate supply of clean or disposable linens and supplies are available and in good repair.	60
HM12	Surgical laundry is cleaned separately from regular laundry.	40
HM13	Facilities and equipment meet applicable building codes and other standards required by law.	40
HM14	Tools and materials for simple building maintenance and repair are available.	20
HM15	Contact information for routine and emergency repairs is maintained and readily available.	40
HM17.1	The heating, ventilating, and air conditioning (HVAC) systems ensure that an appropriate climate controlled and regularly filtered air supply is provided to all areas of the practice.	60
HM18.1	Qualified personnel maintain mechanical systems such as furnaces, air conditioning, and scavenging systems in accordance with:	
HM18.1a	• Manufacturer's recommendations	30
HM18.1b	• A written and documented preventative maintenance program	30

Housekeeping Plan

HM20	A housekeeping supervisor is identified and responsible for administration of the housekeeping and maintenance programs.	100
HM21.1	A housekeeping manual or checklist is utilized and includes details on how to keep the practice clean, well maintained and in good repair.	100
HM21.2	Storage areas, including basements, attics and uninhabited kennels, are clean and well organized.	20

Exterior

HM22	Facility grounds are neat, clean, attractive and safe.	80
HM23	Landscaping is properly maintained.	20
HM24	Litter is cleaned up from facility grounds as needed, at least once daily.	20
HM25	Snow and/or other storm debris is removed as soon as possible after the event.	20
HM26	Signage is in good repair and promotes a professional image.	20
HM27	Exterior lighting provides adequate illumination for the safety of clients and practice team members.	60
HM28	Fecal waste is removed promptly.	20

Your Passing Score Must be 88% of Total Points: Housekeeping and Maintenance

Mandatory Standards

MA14	Quality diagnostic images are generated on the premises.	-
MA16	Radiation producing equipment is operated only by trained practice team members aware of hazards, actual and potential, to themselves, assisting practice team members, patients and other nearby individuals.	-
MA17.1	A qualified individual evaluates all X-ray producing machines every five years (at a minimum) to ensure accuracy and safe operating condition.	-
MA18	Personal dosimeters are provided for practice team members working with or near ionizing radiation equipment. Personal dosimeters are worn at the body location recommended by their dosimeter provider.	-

General

DG01	Radiographs produced within the practice are reviewed by a Diplomate of the American College of Veterinary Radiology.	0% (0) 25% (25) 50% (50) 75% (75) 100% (100)	—
DG01.1	The practice seeks to continually improve their diagnostic quality, technique, and positioning by:	-	
DG01.1a	• Obtaining ongoing feedback from a boarded radiologist (DACVR) by submitting radiographs for review	40	
DG01.1b	• Participating in periodic rounds with a DACVR	0% (0) 25% (10) 50% (20) 75% (30) 100% (40)	—
DG01.1c.1	• Providing and documenting annual training for all team members participating in radiography.	40	
DG02	The practice has a separate room devoted to imaging.	80	
DG03	Film storage prevents inadvertent exposure of the film to light.	10	
DG04	The darkroom:	-	
DG04a	• Is light tight	10	
DG04b	• Is sufficient in size and space to allow proper handling and storage of film and cassettes	10	
DG04c	• Has adequate ventilation to remove solution fumes. This may be a light-tight vent or an exhaust fan	40	
DG04d	• Is painted a light color to enhance safelight effectiveness	10	
DG05	Safe lights are utilized appropriately in the dark room.	40	
DG06	A radiographic imaging log or similar tracking mechanism is maintained and includes:	-	
DG06a	• Date	10	
DG06b	• Client and patient identification	10	
DG06c	• Radiographic view	10	
DG06e	• Exposure kVp	10	
DG06f	• Exposure mAs	10	
DG06g.1	• Patient weight or thickness of area radiographed	10	
DG06h	• Use of a grid	10	
DG06i	• Level of sedation (awake, sedated, anesthetized)	10	
DG06j	• Operator identification	10	

Digital Radiography

DG07	Digital imaging is performed in a competent and safe manner.	90
DG08	The practice has a means of transmitting digital images for consultation utilizing the DICOM standard as well as other formats such as JPEG and TIFF.	60
DG09.1	The practice has the capability to save and share digital images enabling clients and receiving/referral veterinary practices to view the images without proprietary software.	20
DG10	Digital imaging cassettes (CR) and X-ray sensors (DR) are of appropriate size to image all patients routinely seen in the practice.	30

Radiation Safety

DG13.1	Practice team members wear protective apparel including aprons, gloves, and thyroid shields while in the X-ray suite during exposure.	100
DG14.1	A minimum of two sets of aprons, gloves and thyroid shields are available.	100
DG15	The integrity of lead aprons, gloves and collars are verified every six months, and when there is external evidence of damage.	20
DG16	Imaging equipment is operated so that risks to human and animal health are kept as low as reasonably achievable (ALARA).	80
DG17.1	The protective barrier effect of walls, doors, and ceilings (in multilevel buildings), and/or the distance of the radiology area from other areas of the practice is such that occupants of adjacent areas do not receive radiation above recommended levels.	80
DG18.1	Practice team members are behind a lead shield or screen or outside the room during the exposure. 0% (0) 25% (15) 50% (30) 75% (45) 100% (60) ____	____
DG19	No evidence of human exposure is seen on radiographs.	100
DG20	Anesthesia or sedation is used for the comfort, safety and stress reduction of patients and the safety of the practice team members performing the radiographic procedures. 0% (0) 25% (20) 50% (40) 75% (60) 100% (80) ____	____
DG21	Patients are accurately measured and/or weighed per the manufacturer's recommendations to reduce the need for repeat exposure due to improper technique.	20
DG22	The majority of films show evidence of collimation on all sides.	20
DG23	Darkroom procedures are designed to minimize artifacts and decrease the need for repeat radiographs.	20
DG24	Reliable technique charts (written or incorporated into the machine) are appropriate to the film and screen combinations and the patients usually imaged in the practice.	40
DG25	A reference for positioning and technique is available for practice team members.	40
DG26	When radiographic artifacts are detected, they are systematically reviewed by relevant members of the practice team in order to minimize their future occurrence.	20

Inspections

DG27	X-ray machines are inspected immediately following renovation or repair.	20
DG28	Results of radiographic equipment inspections are posted in the X-ray suite.	10

Monitoring of Radiation Exposure

DG29.1	The practice utilizes a policy for radiography and pregnant employees. This policy may include the following: <ul style="list-style-type: none"> Practice team members are familiar with the practice's policy for pregnant workers and the risks associated with ionizing radiation. If potential exposure exists, practice team members wear a "fetal-badge" at waist level under their protective lead apron. 	80
DG30	Signs are posted stating the dangers of radiation exposure during pregnancy.	60
DG31	Radiation exposure reports are available and maintained indefinitely.	40
DG32	Radiation exposure levels are communicated to individual practice team members no less than once a year, upon request and at termination of employment.	80
DG33	Radiation exposure levels are communicated immediately if exposure levels approach or exceed acceptable levels.	80

Diagnostic Image Archiving

DG35	Each radiographic image is permanently identified prior to processing with the practice name, date and patient identification.	40
DG36	The integrity of original digital images is assured.	40
DG37	Diagnostic images, whether film or digital, are securely archived or filed for easy retrieval.	40
DG38	Diagnostic images are the property of the practice and part of the medical record. As an extension of the medical record, images are kept the same length of time and are archived in the same manner.	20
DG39	Examples of normal anatomic structures and specific conditions are available for comparison and demonstration purposes.	10

Automatic and/or Manual Film Processing

DG40	A log is maintained to record the replenishment or renewal of solutions in manual processing tanks and the performance of preventative maintenance on automatic processors.	20
DG41.1	The practice has a silver recovery system or utilizes the services of a licensed contractor to collect the hazardous waste produced from silver bearing waste (including but not limited to fixer, stabilizers, bleach-fix and similar solutions).	20

Manual Film Processing

DG42	Processing tanks are emptied, cleaned, and solutions replaced every four weeks, regardless of usage.	20
DG43	Solutions are covered to minimize evaporation and chemical fumes.	10
DG44	Accessories include: <ul style="list-style-type: none"> • Accurate tank thermometer • Time and temperature chart appropriate to the film and solutions • Development timer • Stirring paddles 	10
DG45	Solutions are stirred before films are processed.	10

Automatic Film Processing

DG46	The processor is maintained in good working condition to produce quality films.	20
DG47	A regular cleaning schedule is followed and documented.	10
DG48	Solution replacement and preventative maintenance is performed according to the manufacturer's recommendations.	10
DG49	The solution replenishment rate is set according to film volume and the manufacturer's recommendations.	10

Equipment

DG50	For each size of cassette utilized in the practice, at least two cassettes are available.	20
DG51	Computed radiography cassettes and conventional cassettes loaded with film are protected from unintended exposure to radiation.	10
DG52	Radiopaque characters are used to indicate orientation and right or left side of the patient.	80
DG53	A grid is used in the imaging of thick body parts.	20
DG54	The X-ray table is large enough to accommodate the largest patient radiographed in the practice, positioned for a ventrodorsal view of the pelvis.	20
DG55	Adequate working space around three sides of the X-ray table is provided.	20
DG56	At least two illuminators are present; one of these is dedicated to the surgical suite.	10
DG57	If digital imaging is utilized, at least one high-resolution viewing station and a means of viewing digital images is available in the surgical suite.	20
DG57.1	If digital imaging is utilized, a means of viewing digital images is available in the surgical suite.	10
DG58	Surgical suite film illuminators are restricted to intraoperative interpretations and not for routine study.	10
DG59	At least one high intensity light source (hot light) is available.	10
DG61	Positioning devices and tie-downs are used when radiographing anesthetized patients to prevent excess exposure to practice team members.	20

Dental Radiography

DG63	Complete dental radiographic services are available. Appropriate techniques, film and equipment are utilized (applicable if film/non-digitalized dental radiography is utilized).	20
DG63.1	Complete dental radiographic services are available. Appropriate techniques and equipment are utilized (applicable if digital radiography is utilized).	60
DG64	Digital dental radiography is utilized.	100
DG65	A dental radiographic unit is utilized.	80
DG66	Chair-side, daylight, dental processing units are maintained with solutions appropriate to the film type used and number of films processed.	20

DG67	Processing solutions are changed weekly, at a minimum, regardless of usage.	20
DG68.1	The practice has a silver recovery system or utilizes the services of a licensed contractor to collect the hazardous waste produced from silver bearing waste (including but not limited to fixer, stabilizers, bleach-fix and similar solutions). This standard applies to dental x-ray development.	20

Endoscopy

DG69	Endoscopy equipment is appropriate for the patient and study being performed.	40
DG70	The endoscopists have documented appropriate training and competence in the techniques utilized within the practice. This might include certifying documents from recognized specialty organizations and agencies, records of ongoing continuing professional education or affidavits of training and clinical experience.	80

Advanced Imaging Services

DG71.1	The ultrasonographers have documented appropriate training and competence in the techniques utilized within the practice. This might include certifying documents from recognized specialty organizations and agencies, records of ongoing continuing professional education, or affidavits of training and clinical experience.	-
DG71.1a	• Diagnostic ultrasound	80
DG71.1b	• Echocardiograph services	80
DG72	Radiation therapy is performed on site in a competent and safe manner.	80
DG73	Fluoroscopy is performed on site in a competent and safe manner using image intensification equipment that can be viewed on a monitor.	80
DG74	Computerized tomography is performed on site in a competent and safe manner.	80
DG75	Magnetic resonance imaging (MRI) is performed on site in a competent and safe manner.	80
DG76	Diagnostic and therapeutic nuclear medicine services are performed on site in a competent and safe manner.	80

Your Passing Score Must be 65% of Total Points: Diagnostic Imaging

*Most states require registration of your radiographic machine. Some also require periodic inspections by qualified personnel. Because, over time, parts in the x-ray machine may shift, wear out, or become obsolete, AAHA requires that a qualified individual inspect the machine at least every five years. The inspection will verify that the machine is performing at its maximum level and taking quality radiographs with minimal scatter. Contact your state regulatory board or a nuclear physicist to evaluate your x-ray machine.

A qualified individual is defined as someone having the knowledge and training to measure ionizing radiation, to evaluate safety techniques, and to advise you regarding radiation protection needs. An example would be individuals certified in the appropriate field by the American board of radiology (ABR), the American board of health physics (ABHP), the American board of medical physics (ABMP) or those having equivalent qualifications. With reference to the calibration of radiation therapy equipment, an individual having, in addition to the above qualifications, training and experience in the clinical applications of radiation physics to radiation therapy. For example, individuals certified in therapeutic radiological physics or x-ray and radium physics by the ABR, or those having equivalent qualifications.

Mandatory Standards

MA21	Only trained practice team members perform laboratory tests.	-
MA22	Services provided by in-house or outside laboratories include the following: <ul style="list-style-type: none"> • Hematology • Serology • Blood chemistry analysis • Urinalysis including sediment evaluation • Urolith analysis • Microbial culture • Antimicrobial sensitivity testing (including availability of minimum inhibitory concentrations [MIC]) • Fecal parasite examination • Skin parasite examination • Blood parasite examination • Cytology • Histopathology • Toxicology • Therapeutic medication level monitoring • Hormone assay • Polymerase chain reaction (PCR) testing • Fluid analysis (composition analysis) • Coagulation testing such as activated clotting time (ACT) at minimum • Serum electrolytes • Other specialized testing as deemed appropriate 	-

General

LA02	Outside laboratory services are performed by a laboratory affiliated with an ACVP Diplomate for the majority of samples.	40
LA03	Laboratory testing is based on indications established by patient signalment, medical history, clinical signs, established medical problems or other medical needs and goals.	80
LA04	Reference range values are available for laboratory tests for each species commonly treated in the practice.	80
LA05	If needed, stat results are available for critical laboratory procedures.	100
LA06.1	The practice identifies specimens with the following information: <ul style="list-style-type: none"> • Patient identification (on the specimen container or slide) • Date of collection • Time, if applicable 	20
LA07	Histopathology is performed by pathologists that have demonstrated competence in the analysis and interpretation of disease processes in the species and tissues from which samples are submitted such as the competence required for certification as a Diplomate of the American College of Veterinary Pathologists (ACVP).	40
LA08	The practice has designated resources (books, manuals, outside laboratory personnel, etc.) that comprehensively identify laboratory tests that are available to the practice team. These resources contain information related to availability of tests from various laboratories, sample preparation, handling, turnaround time, etc.	40
LA09	The practice has designated resources (books, manuals, manufacturers, etc.) that comprehensively explain the techniques used within the in-house laboratory.	40
LA10	In addition to practice team members who routinely perform laboratory tests, other practice team members are trained to perform basic tests in emergency situations.	20
LA11	Practice team members are trained in the proper use of personal protective equipment (PPE).	40
LA12	Potentially hazardous biological and chemical waste is disposed of properly.	20
LA13	The laboratory has:	-
LA13a	• Adequate space for the performance of tests	10
LA13b	• Adequate space for proper storage of reagents	10
LA13c	• Counters that permit efficient handling of specimens	10
LA13d	• Permanent space for standard equipment as indicated by manufacturer's recommendations	10
LA13e	• Countertop(s) and sink(s) that are impervious and stain resistant	10
LA13f	• Adequate lighting and ventilation	10
LA13g	• Adequate electrical circuits and outlets	10

LA14.2	The practice has a tracking mechanism to ensure all laboratory results are received, reviewed by the veterinarian, and conveyed to the client.	-
LA14.2a	• Date results received	20
LA14.2b	• Date of client notification of results	20
LA14.2c	• Identity of practice team member notifying clients of results	40
LA15	Appropriate practice team members are trained in blood typing and cross-matching procedures.	40
LA16	If time permits and patient welfare is not compromised, cross-matching is done prior to transfusions on all cats and dogs receiving a second transfusion.	40
LA17.1	The practice monitors culture and sensitivity test/MIC (minimum inhibitory concentration) results to follow local trends in bacterial infections and resistance patterns.	60

Quality Control

LA18	Practice team member laboratory proficiency testing and appropriate corrective action is documented at least annually.	20
LA20	Practice team members performing in-house testing receive annual continuing education in laboratory procedures.	40
LA21	Periodic quality control tests are run using pre-assayed control material, if available, for each test routinely performed in the practice.	60
LA22.1	Quality control evaluations are performed at a frequency that is appropriate for the type and respective volume of tests that are performed in the practice, and according to manufacturer's recommendations.	60
LA23	Quality control tests are documented.	20
LA24	The laboratory follows consistent procedures to identify and record artifacts, such as hemolysis, lipemia, etc., that may have an impact on in-house laboratory tests.	40

Equipment and Supplies

LA27	Practice team members wear disposable gloves when processing laboratory specimens or handling patient body fluids.	20
LA28	Equipment is operated and maintained according to manufacturer's recommendations.	20
LA29	Maintenance procedures on laboratory equipment are documented.	20
LA30	Instrumentation for tests performed on the premises includes:	-
LA30a	• Microhematocrit	20
LA30b	• Binocular microscope with 100x objective and light source	20
LA30c	• Clinical centrifuge(s) with lid (capable of low and high speeds)	20
LA30d	• Refractometer	20
LA30e	• Refrigerator	20
LA30f.1	• Glucometer	20
LA30f.1	• Chemistry analyzer	20
LA30g	• Cytology stains	20
LA31	The practice disposes of test kits and reagents upon expiration.	30
LA32	Reagents are stored and used in accordance with manufacturers' instructions.	10

Necropsy

LA33.1	The practice utilizes a written protocol that identifies when a necropsy should be performed and by whom, if outsourced.	80
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Your Passing Score Must be 65% of Total Points: Laboratory _____

Mandatory Standards

MA33	Controlled substances are stored in a limited access, securely locked and substantially constructed cabinet or safe.	-
MA34	All prescription medications are dispensed or administered by order of a licensed veterinarian.	-
MA35.1	All medications are dispensed in child resistant containers unless the client declines.	-

General

PH01	Access to the pharmacy area is restricted to authorized individuals.	10
PH01.5	Veterinary drugs are compounded and utilized in compliance with federal, state/provincial, and local regulations.	20
PH02.1	The practice limits access to electronic prescription forms and/or paper prescription pads at all times.	60
PH03.1	All medication containers utilized within the practice are labeled with: <ul style="list-style-type: none"> • Name of medication • Concentration • Expiration date 	60
PH03.2	All prefilled syringes utilized in the practice are labeled with the name of the medication.	20
PH04	All medications and biologicals that are drawn into pre-filled syringes are stored and handled in a manner and timeframe that ensures their potency.	40
PH05	The medication storage system ensures that all medications are easily located and properly identified at all times. Organization systems such as alphabetical, usage or type may be utilized.	20
PH06	Medications are stored, handled and dispensed in a manner that prevents cross contamination or adulteration.	20
PH07	Containers that prevent medications from being altered by environmental influences such as light and humidity are used.	10
PH08	The pharmacy contains a current written or electronic reference text or compendium of pharmaceuticals that provides the necessary information on veterinary and human medications, chemicals and biologicals that are used within the practice, dispensed, or prescribed.	80
PH09	Current antidote information is readily available for emergency reference in addition to information for both human and veterinary poison control centers.	20
PH10	Pharmacy storage is well organized.	10
PH10.1	The temperature in refrigerators containing vaccines, medications, and laboratory supplies is checked and the temperature is documented daily.	20

Controlled Substances

PH10.7	Controlled substance lockboxes and safes are labeled with resources and contact information for suicide prevention.	40
PH11	A separate, accurate log is maintained for all administered and dispensed controlled substances.	80
PH12	The controlled substance log is stored in an area separate from the controlled substances.	40
PH13	The practice maintains a current verifiable inventory of controlled substances.	100
PH14.1	Controlled substances brought in by clients, or waiting for client pick-up, are properly secured in the same manner as other controlled substances.	60

Dispensing and Prescription of Medications

PH15	When dispensing medication, each label:	-
PH15a	• Is computer printed or typed	80
PH15b	• Is securely affixed to the container	40
PH16	Each label contains the following information:	-
PH16a	• Client's name	20
PH16b	• Patient's name	20
PH16c	• Date	20
PH16d	• Name of medication	80
PH16e	• Strength of medication	20
PH16f	• Route of administration such as by mouth, in the ears, etc.	20
PH16f.1	• Dosage	20

PH16g	• Quantity or volume dispensed	20
PH16h	• Practice's name, address, and phone number including area code	20
PH16i	• Name of the veterinarian dispensing the medication	20
PH16j	• Expiration; either the actual expiration date of the drug or one year from the written Rx date if expiration exceeds one year.	20
PH17	Medication containers include appropriate warning labels.	80
PH18	All prescription medications are verified and approved by a veterinarian or licensed pharmacist prior to dispensing and delivery to the client.	80
PH19	Each medication dispensed or prescribed is entered in the medical record including:	-
PH19a	• Name of medication	40
PH19b	• Strength of medication	40
PH19c	• Usage directions	40
PH19d	• Quantity or volume	20
PH19e	• Number of refills (if applicable)	10
PH19f	• Practice team member filling the prescription	10
PH20	A duplicate label is affixed to the medical record or retrievable from an electronic format for each medication dispensed.	40
PH21	If the client declines a child-resistant container, it is noted in the patient's medical record.	40
PH22	Medications brought in by clients are properly labeled, approved by a veterinarian in the practice, documented in the medical record when administered, and returned to the client if unused.	40
PH24.1	The practice properly disposes of, or returns, outdated medications including controlled substances.	40

Hazardous Medications

PH25	Euthanasia agents are identified and segregated.	80
PH26	Hazardous medications including chemotherapeutic and radioactive medications are clearly identified and handled appropriately.	100
PH26.1	The practice utilizes a written protocol to address the proper storage and handling of chemotherapeutic agents. At a minimum, the protocol should include: <ul style="list-style-type: none"> • How drugs are received and unpacked • Who is allowed to handle the medications • How patients receiving the chemotherapy agents will be identified, treated and housed • Proper disposal of excrement • Disposal of waste chemotherapy agents and associated paraphernalia 	40
PH27	When handling, preparing and administering chemotherapeutic medications the following Personal Protective Equipment (PPE) are utilized: <ul style="list-style-type: none"> • Chemotherapy gloves that are used according to NIOSH guidelines or labeled for chemotherapy use • Gowns that are low lint and polyethylene coated or other approved laminate materials • Eye protection • Chemotherapy preparation pads • Biological safety cabinet (Class II BSC) and/or closed transfer system • Yellow chemotherapy waste bin and sharps containers for disposal of all potentially contaminated articles 	100
PH28.1	Internal controls are in effect for substances that are not controlled but may be abused such as inhalants and non-controlled drugs with the potential for abuse, etc.	20
PH29	Practice team members are aware of the human health risks of the medications, chemicals and biologicals used within the practice.	20

Adverse Medication Events

PH30	The practice team is knowledgeable about potential patient adverse reactions and contraindications of the medications, chemicals and biologicals used within the practice.	60
PH31	Clients are made aware of the potential for patient adverse reactions, medication interactions and human health risks, in writing, if possible.	60

The mentoring standards are being offered as an optional section of standards at no additional cost. For more information on mentoring, please visit aaha.org.

Mandatory

MA50	The practice is AAHA accredited as either a general practice and/or referral practice.	-
MA51.1	The practice defines in writing their mentoring program for newly hired veterinarians.	-

General

ME01	The mentor and mentee discuss and document mutual expectations, boundaries, confidentiality, and accountability of both parties within one week from the mentee's starting date.	100
ME02	A written mentorship plan addresses the specific needs of the practice and mentee in a detailed, measurable, and customized format.	80
ME03	The mentor and mentee develop a written plan to identify and address concerns, including the process for requesting immediate assistance.	60
ME04	The written plan includes reviewing the practice's mission, vision, core values, and standards of care.	40
ME05	The mentor and mentee review the practice's ethical philosophies; discuss any conflict(s) of interest and agree on a resolution(s).	60
ME06	The mentor and mentee establish and document a vision plan including short- and long-term goals.	60
ME07	Documented case based examples are utilized to guide the mentee in the medical decision making process.	100
ME08	Mentoring feedback meetings between the mentor and mentee document progress, identify resources, and develop steps for improvement. Mentorship meetings are scheduled at set intervals based on mutual needs and documented in the mentor/mentee agreement. (The recommended interval for mentorship meetings is once weekly but can be altered as agreed upon and documented by both mentor and mentee.)	100

Your Passing Score Must be 62% of Total Points: Mentoring _____

The internship standards are being offered as an optional section of standards at no additional cost. For more information on internship, please visit aaha.org.

Mandatory

MA70	The practice offering internships is AAHA accredited.	w
MA71	At a minimum, there must be one full time board-certified veterinarian on the staff, in charge of supervising interns, for each discipline involved in the Internship. Based upon the classification of the Internship: <ul style="list-style-type: none"> • Rotating internships (specialist required for each component)* • Specialty or Emergency Internship (specialist required)** *Specialists for rotating portions can be boarded in associated specialties. **Applicants for Specialty or Emergency Internships must have completed a rotating internship or have 2 years of full-time experience in clinical practice.	
MA72	The supervising board certified veterinarian and other staff, as appropriate, conduct and document performance evaluation and provide semi-annual feedback to and from the intern.	-

Program Administrator

IN01	The program administrator oversees the implementation of the internship program(s) and develops a written plan that includes:	-
IN01a	• Assigning mentor(s) and/or supervisor(s)	20
IN01b	• Scheduling and rotation(s)	20
IN01c	• Training (such as didactic training)	20
IN01d	• Documenting evaluations provided throughout the internship by hospital clinicians	20
IN01e	• Methods for feedback addressing concerns related to the program	20
IN01f	• Career planning	20
IN01g	• “Graduation” and certification of satisfactory completion of Internship	20

Intern

IN02	The intern is selected via the matching process set by the guidelines of the Veterinary Internship and Residency Matching Program (VIRMP).	10
IN03	The practice provides a written individualized internship agreement. The agreement includes: <ul style="list-style-type: none"> • Duty hours and on-call responsibilities • Number of hours that will be directly supervised with a staff clinician • Number of hours that credentialed technical support staff is available • Estimate of primary vs. secondary case responsibility (percentages) • Stipend and/or compensation information • Applicable benefits • Specific information regarding any non-compete clauses 	60

Orientation Program

IN04	The practice utilizes a written Internship orientation manual that includes:	-
IN04a	• An overview of the Internship Program	20
IN04b	• Specific goals of the Internship Program	20
IN04c	• The practice’s ownership, history, and practice philosophy	20
IN04d	• The practice’s core values, mission, and vision	20
IN04e	• The specifics of intern skill-set advancement/progression including meeting target	20
IN04f	• A sample schedule showing the details of the schedule for the first month, including meetings, rounds, journal club and any on-call duties	20
IN04g	• A specific list of the intern’s duties and responsibilities	20
IN04h	• Documented safety training	20
IN04i	• Documented training of state, provincial, and federal regulatory requirements	20

IN05	The intern is provided a written copy of the practice's policies and procedures that includes:	-
IN05a	• Financial policies	20
IN05b	• Medical protocols and forms	20
IN05c	• Administrative forms	20
IN05d	• Dispensing and administrations of medications including controlled substances and supplies	20
IN05e	• Communication protocols	20
IN05f	• Use of computer network and practice information management software (PIMS)	20
IN05g	• Medical records	20
IN05h	• A list of key contacts and their role in the practice	20
IN05i	• Human resources	20
IN06	The intern is educated about the purpose and meaning of AAHA accreditation and the standards that are applicable to the practice.	60

Didactic Training

IN07	Documented teaching rounds, such as journal club, morbidity, mortality, and/or clinical rounds are held at a minimum once a week.	80
IN08	The intern delivers a clinical and/or scientific presentation, at a minimum once during their internship.	60

Scholarly Activities

IN09.1	During the course of the internship, the practice provides funding for the Intern(s) to attend an AAHA meeting or other national veterinary meeting.	80
IN10	The practice provides funding and/or resources that support and encourage Intern(s) to pursue scholarly activities, such as clinical research or publishable case studies.	80

Intern Evaluation

IN11	Semi-annual feedback regarding the intern's performance is documented and addresses the following topics:	-
IN11a	• Case management	30
IN11b	• Medical record maintenance	30
IN11c	• Efficiency – progression to clinical independence	30
IN11d	• Patient assessment skills	30
IN11e	• Diagnostic skills	30
IN11f	• Surgical skills	30
IN11g	• Communication skills	30
IN11h	• Professionalism/work habits (initiative, flexibility, conduct, appearance, attendance, etc.)	30
IN11i	• Teamwork/interpersonal skills	30
IN11j	• Leadership (initiative, delegation skills, workflow, management)	30

Program Evaluation

IN12	The intern completes an evaluation of the internship program at the end of the program. The questionnaire includes how likely the intern is to recommend the program and is based on AAHA's evaluation rubric.	80
IN13	The program director evaluates and identifies areas of program improvement based on feedback from both the intern and their immediate supervisor(s).	80

Your Passing Score Must be 70% of Total Points: Internship

Section	Total Possible Points	Percent Needed to Pass	Your Percentage
Mandatory	<i>Answers must be 100% yes in order to pass; there is no minimum or maximum point value.</i>		
Anesthesia	3,030	70%	
Client Service	930	73%	
Contagious Disease	660	65%	
Continuing Education	560	42%	
Dentistry	1,500	67%	
Diagnostic Imaging	3,320	65%	
Emergency and Critical Care	1,090	57%	
Examination Facilities	290	93%	
Housekeeping and Maintenance	1,180	88%	
Human Resources	860	71%	
Internship (optional)	1,390	70%	
Laboratory	1,390	65%	
Leadership	1,220	55%	
Medical Records	3,640	78%	
Mentoring (optional)	800	62%	
Pain Management	680	71%	
Patient Care	5,960	73%	
Pharmacy	2,060	75%	
Referral Standards	500	30%	
Safety	1,190	67%	
Surgery	3,750	72%	

Example for calculating the percent needed to pass:

Pharmacy: There are 2,060 possible points for this section. You would need to achieve 75% of 2,060 points.

$$2,060 \times .75 = 1,545$$

You would need 1,545 points to pass the Pharmacy section.