March, 2013

The Program Building Issue

Rose is a rose is a rose. What’s in a name and why it matters

What does it mean to say that you have an infection control (or risk management or quality improvement) program? You may, for example, have policies that address a variety of infection prevention topics (e.g., hand hygiene, safe injection practices, equipment cleaning, disinfection and sterilization) but does keeping those policies in one binder qualify them as a program?

Throughout the AAAHC Handbooks, the core and adjunct chapters reference requirements for documented policies or plans, activities, and processes. There are also references to programs:

- Risk management
- Infection prevention and control
- Safety
- Quality management and improvement
- Peer review
- Biological hazards
- Physical hazards

What differentiates a program? Simply put, it comes down to scope and scale. In the context of AAAHC Standards, a policy establishes a rule; a plan or process is a repeatable way of doing something and an activity is a discrete, measurable amount of work, e.g. a quality improvement study. A program, on the other hand, integrates these component parts (and often multiples of each) in an organized way to address a problem.

POLICY + PROCESS + ACTIVITY = PROGRAM

Let's look at an example.

It is AAAHC policy that an organization must be substantially compliant with the current Standards throughout its term of accreditation. Two processes that we use to implement this policy are on-site accreditation surveys and distribution of any and all updates to the Standards. Observation of a patient-provider interaction and review of a selection of clinical records are activities that we use to measure compliance with this policy.

AAAHC on the road
If you're attending any of these upcoming conferences, please stop by our exhibit booth and say hello.

Urgent Care Association of America
April 8-11
Orlando, FL

Society for Ambulatory Anesthesia
April 11-13
Scottsdale, AZ

Centricity Healthcare User Group
April 11-13
Washington, DC

APIC- Ambulatory Care Conference
April 12-13
Columbus, OH

MGMA-ACMPE, Patient Centered Medical Home Specialty Show
April 21-23
Chicago, IL

Ambulatory Surgery Center Assn.
April 17-20
Boston

American College Health Assn.
May 28-Jun 1
Boston

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The policy, processes and activities are all elements of the overall accreditation program that addresses patient safety and quality of care in ambulatory health care settings.

A matrix approach
The infection control policies identified in the introductory example could (and should) be elements in an effective infection control program, but a collection of policies is not, in itself, sufficient. So where do you start?

When building a program, think both wide and deep. The first rule of developing a program is: Make it specific to your own organization. Achieving this will almost certainly require the buy-in and contributions of a cross-functional team.

Begin by engaging this team in a formal risk assessment. To continue the infection control example, consider who your patients are, what services you provide, who your providers and personnel are, the geography and size of your facility, infections endemic to your location or population, and analysis of your existing infection control surveillance activities.

Then, document and prioritize your risks using a rating scale. For example, consider the likelihood of occurrence (low-medium-high), the level of risk represented (death, permanent injury, temporary injury, none), the potential impact on care, treatment, services, and how well prepared your organization is to deal with the identified risks.

With your issues prioritized, you can begin to set goals for the program. Make them SMART:

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<th>Specific</th>
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<td>Measurable</td>
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<td>Relevant</td>
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<td>Time-bound</td>
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Rather than, "We will improve hand hygiene compliance," a SMART goal sounds like, "Hand hygiene compliance will be 90% or better by the end of Q2 as measured by ‘secret shoppers.’"

This process (documenting, prioritizing, goal-setting) can be followed for each risk category in each program you develop.

Think of building your program as developing a matrix. Each element of the program is important, but that value is magnified in the context of the overall program. Seen in the matrix view, each contributing element of a program has an associated goal that contributes to the higher level goal of the overall program.

Keep the picture big
Sometimes we lose the forest for the trees in building programs. For example, organizations can become so engrossed in developing quality improvement studies that they confuse them with QI
A QI study will, by definition, include a goal, collection and analysis of relevant data, corrective action, re-measurement, and reporting, but a QI program will integrate the study activities with peer review, benchmarking, and risk management. A study has a beginning and an end (although it can certainly be repeated); a program is ongoing – it should evolve in response to changing conditions and regular revision of the risk assessment.

Understanding the differences among policy, procedure, activity and program can mean the difference between compliance and non-compliance with many AAAHC Standards.

**Seeing connections**

With the 2013 Accreditation Handbooks, AAAHC is renewing emphasis on the inter-relatedness of Standards across chapters. We have added a graphic element to the beginning of each of the core chapters to illustrate some suggested relationships.

The current chapter number sits in the middle of eight numbered and interlocking segments that represent the eight core chapters. Two or more of these segments may be highlighted in color to suggest topics that may be closely related and should be consulted for Standards that crosswalk to one another.

Each Standard represents a discrete element in the program; a policy, plan, or process for the organization. On a chapter-by-chapter basis, the Standards become sets that relate to a particular topic, like Governance, or Clinical Records. Standards also relate across multiple chapters as when patient rights (the topic of Chapter 1), are assigned as a responsibility of governance (Chapter 2) and addressed in the context of the relationship with the health care provider team (Chapter 25).

We hope this visual reminder will keep organizations thinking about how all aspects of their ambulatory practice setting have the ability to influence patient safety and quality of care.
If you have questions or comments, please contact Angela FitzSimmons at afitzsimmons@aaahc.org.

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