Once upon a time, “toolkit” was a word associated with the building trades. Carpenters, plumbers and electricians had boxes in which they stored and carried the hammers, wrenches and other implements of their daily work – their toolkits. Today, “toolkit” is a buzzword across industries. In health care, the array of toolkits runs from Affordable Care Act to Zoster Immunization.

The proliferation is not without reason. We love toolkits. A good one functions as an adaptable, educational resource that targets a specific issue or audience. Like their counterparts in construction, these tools are designed to facilitate action and to make us more effective and consistent in our work. For AAAHC, this means identifying needs—of customers, surveyors, and staff—and seeking out existing tools or creating new ones to solve the problems that can lead to a decline in quality.
I have spent the last 24 years of my professional life as the director of Penn State's University Health Services. Fall in a University environment is a wonderful time of year. The campus community is energized by the influx of thousands of new and returning students, faculty and staff who have been gone for the summer pursuing a wide range of activities. There is an optimistic sense of beginning anew. I have a similar feeling as I begin my term as AAAHC board chair. While AAAHC has a strong tradition and a solid set of core organizational values and priorities, each change in board leadership also provides the opportunity for new initiatives and/or reformulation of longstanding goals and priorities.

As I think about the past few months and anticipate the next several, the consistent theme is improving quality in our own organization and the work we do. Given our deep commitment to quality, it is only appropriate that the work of the Board, the Governing Council and the Executive Committee of the Board focus on process improvement in all aspects of our work.

Immediately following the April Board meeting, I appointed two task forces, each of which will contribute to this work. The Surveyor Compensation Task Force, chaired by Dr. Girish Joshi, is looking at surveyor rewards and recognition as well as satisfaction. Their work, which is likely to be completed by late fall, will make recommendations intended to enhance the surveyor experience in AAAHC. Undoubtedly, strengthening the surveyor corps will enhance the survey experience for surveyed organizations.

Another new group, the Network Accreditation Task Force, chaired by Dr. Dennis Schultz, is developing a model to offer accreditation to networks which manage large numbers of clinics. One of the challenges of this project is to design a program which makes accreditation accessible and affordable while NOT compromising on quality. This program is, in part, a response to a growing interest in and demand for an accreditation product for large networks and/or integrated systems of care.

The many AAAHC committees and advisory boards are also engaged in important quality improvement work. The annual Standards review and revision, overseen by the Standards and Survey Process Committee is the heart and soul of what we do to continue to make our Standards better — for the surveyed organizations and systems and surveyors. Part of the work of this committee is also to consider new or expanded Standards and in the next year, that may include new or modified Standards for Accountable Care Organizations. In addition, the Survey Process Improvement Committee, chaired by Dr. Robin Elwood, now in its second year, is continuing to make recommendations to improve survey consistency and efficiency. One such change currently in a pilot testing phase is covered in more detail in the article on toolkits.

In closing, I want to invite input and comment from you — AAAHC board members, surveyors, staff and friends — about quality in our own organization. I welcome your comments, suggestions and ideas about how AAAHC can walk the walk of quality. Please feel free to email (mes10@psu.edu) or call me (814 865-6555).

Margaret Spear, M.D.
Toolkits (continued from first page)

Patient Safety Tools for providers
Although many toolkits are simply collections of
documents, there is added opportunity in creating visual
impact. A well-designed, visually appealing tool can
enhance user engagement — and improve the likelihood
that the tool will be put to use.

As an example, the AAAHC Institute for Quality
Improvement has recently released a series of
Patient Safety Toolkits for use in ambulatory surgery
settings. Each kit (Obstructive Sleep Apnea, Venous
Thromboembolism, Preventing Falls, and Surgical/
Procedural Checklists) is a large-format, full-color
document that provides an evidence-based rationale for
its use; screening or risk assessment tools or procedures;
and best practices for management or intervention.
AAAHC-accredited ASCs received a free laminated copy
of each kit as it was released and the tools are available
to anyone on our website as free electronic downloads
or for purchase in hard copy.

Early next year, the Institute will begin releasing similar
tools for use in primary care settings.

Hot topic webinars
Another AAAHC-sponsored resource
is our quarterly education program,
Achieving Accreditation. Many
attendees are repeat participants
returning for a refresher during their
accreditation cycle. Much of the
positive feedback we hear focuses
on the built-in opportunities to
network with others in similar practice
settings. Understanding, however,
that not every organization can send
participants to an off-site program,
this year we’ve brought education to
you by launching a webinar series that
focuses on the most frequently asked questions at our
in-person programs.

This fall, three infection prevention programs are offered,
each focused on a specific setting: surgical, endoscopic,
and primary care. Another upcoming webinar discusses
the most frequent accreditation errors we’ve seen
(and how to avoid them!) based on data from surveys
through mid-2013. Visit www.aaahc.org for registration
information.

New tools for surveyors, too
Soon surveyors will begin to see new resources with
a new look to help them assess compliance with Standards
in various settings. The first of these is an Emergency
Management assessment tool that describes the minimum
requirements for equipment, medications, and staff training
across the analgesia-anesthesia spectrum. Presenting
this information in an easy-to-read chart will facilitate
assessment of whether a particular organization is
meeting the Standards relevant to its scope of services.

(continued on page 4)
Improving Health Care Quality through Accreditation

Legislative Updates

Oregon

On October 3, 2013, the Oregon Medical Board voted to adopt and amend several proposed rules on office-based surgery. The Board expects the new rules to be filed on October 15, and they will become effective on that date. The new rules classify levels of office-based surgeries and set forth further requirements. Some of the other issues addressed in the new rules include, among other items, requirements for where a licensee may perform office-based surgery, and reporting of particular adverse events. For the full text of the adopted rule, see http://www.oregon.gov/omb/Topics-of-Interest/Pages/Office-Based-Surgery-Proposed-Rules.aspx.

Florida

The Florida Department of Health/Board of Osteopathic Medicine adopted rule amendments, effective October 3, 2013 that clarify the definition of surgery/procedure and clarify various requirements in office surgery settings, including, but not limited to supplies required for the crash cart. For the full text of the adopted rule, contact the Florida Department of Health/Board of Medicine at 850-245-4131.

Introducing the AAAHC Quality Care Finder

Whether for competitive intelligence or personal need, you may have wondered where the accredited facilities are in your area. The new AAAHC mobile app allows you to locate them, learn their specialties, and contact them from any GPS-enabled mobile device.

Download the app at www.eweb.aaahc.org/eweb/aaahcmapapp.

Toolkits

(continued from page 3)

Other, similar tools will reinforce the intent of specific Standards and promote consistency across the diversity of surveyor professional experience. Each tool for surveyors will also be assessed for potential use by organizations seeking accreditation.

Outside vendors build resources linked to AAAHC

As health care IT continues to expand, software developers and document management companies are creating new products to keep organizations on task and up-to-date. PowerDMS and ASC Pro are two companies that have integrated accreditation requirements within their products. Each has licensed the annually updated AAAHC Standards to make it simple for users to manage policies and regulatory tasks, thereby improving the accreditation process for their users.

We’ve always said that the AAAHC accreditation program is an open book test, but these particular tools go a step further by providing the answer key.

Whatever the tool, it’s always about helping to construct an environment of excellence. Happy building!

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“What I love about being a surveyor is seeing the best that every organization offers,” said Cheryl Pistone, director of clinical services for two endoscopy centers in Kansas City, Missouri. She became a surveyor for AAAHC 5 years ago at about the same time that her centers had a negative survey experience with another accrediting body.

“I attended Achieving Accreditation on a fact-finding mission for my centers,” she said. “What I found was a set of Standards designed specifically for ambulatory care and a genuine interest in making health care organizations better. That was a huge difference from what we’d previously experienced.”

After reporting back to her physician-owners, they agreed to make the change — IF Cheryl also became a surveyor.

“The training was pretty much the way I envisioned it: intense. It was a non-stop review of the Standards and how to apply them. And it was fun because I met well-educated people with rich, diverse experience in health care.”

Training for new surveyors begins with a two-day, in-person training workshop focused on Standards interpretation, the elements of a QI study, and a mock survey case study including a summation conference. Each new surveyor then “graduates” to working as a mentored trainee on several surveys, receiving feedback from the survey chairperson and the organization before being credentialed to work as a full participant surveyor. Privileges to survey for Medicare-deemed status, for U.S. Air Force, U.S. Coast Guard, and for Medical Home, require additional training. Cheryl has methodically added each of these elements to her AAAHC credentials. This translates into a lot of mentoring.

“All the training surveys have meant that I’ve worked with some of the AAAHC superstars. They’re the mentors who not only know the Standards, but also when and why they were developed. That’s incredibly valuable knowledge. It underscores the intent of the Standard and can be really helpful because we see organizations applying a single Standard in a variety of equally valid ways,” Cheryl said.

Like most AAAHC surveyors, Cheryl makes site visits to organizations on her own time which would otherwise be a vacation from work. She feels it’s a better than even trade for the ideas and energy she brings back to her own organization. As an example, she cites an Air Force patient satisfaction survey that was clever, simple and patient-centered.

"Instead of a typical 5-item Likert scale, [the satisfaction survey] used illustrations of faces to assess the overall patient experience. It asked only a couple of questions and each was phrased as a positive, for example, 'Please share the name of an employee who made your day better.'

"By using a similar survey, I’ve been able to acquire actionable information about how well we’re meeting patients’ expectations," she said.

Cheryl Pistone’s positive personality and personal commitment to achieving excellence exemplifies the qualities we seek in surveyors. Her service to our accredited organizations benefits her own workplace as well. And re-accreditation surveys there are no longer viewed as a necessary evil.
Meet the AAAHC Staff

Liza Torres, Scheduling Coordinator

Liza Torres was hired in 1998 as a receptionist and quickly moved into her current role as a scheduling coordinator – a job that she says fits her perfectly. And it does. As a scheduler, she is continuously assembling teams of surveyors that will meet the needs of the organizations they survey in terms of professional experience and required AAAHC credentials. She also juggles individual surveyor preferences with economic realities. Not everyone can survey on the west coast in the winter! She is unfailingly positive in her outlook, calm, and quietly conscientious. She values each individual interaction, and “her” surveyors and organizations know it. Here’s what a few of them had to say:

One of the highlights of my last surveyor training was the privilege of meeting the lovely person behind that kind and understanding voice of Liza. She is always careful to work with your schedule and still meet the needs of the organization being surveyed. Liza is a one-of-a-kind. How blessed we are to have her on our team.

Liza Torres is a paragon of efficiency and effectiveness, enhanced with her own touch of personal magnetism and charm. If something needs to get done quickly and effectively, Liza will make it happen. What a woman!

I want to thank you so much for coordinating and scheduling our visit last week. We were very pleased with your process, and found all the evaluators to be extremely helpful. I appreciate all of your time, and look forward to hearing from you.

Liza is one of the most dedicated and knowledgeable AAAHC schedulers. She is a wheeler and dealer when it comes to surveys we would like to do and surveys she needs to have done; we don’t always get what we want but she works with us as much as possible. She definitely deserves to be recognized for her dedication to her work and surveyors as the ultimate team player.

What can I say about Liza? Whenever you speak to her over the phone you can hear the smile on her face!

I am one of the surveyors lucky enough to have worked with her on a regular basis for several years. You’re the best, Liza! ▲
Award winners announced

The AAAHC Institute for Quality Improvement has selected the 2013 winners of the annual Bernard A. Kershner Innovations in Quality Improvement Award.

In Primary Care, the winner is the University of North Carolina at Charlotte Student Health Center for their study, “Pap Test Guideline Adherence.” The honorable mention goes to Cerner Health Connections (d.b.a. Healthe Clinic) for their study “Digital Signage as an Effective Internal Tool for Increasing Quality in Ambulatory Physician Practices.”

In Surgical/Procedural Care, the winners are North Surgery Center/Methodist Germantown Surgery Center, for a study on “Safely Implanting Vendor Owned Surgical Implants.” The honorable mention goes to Cataract & Laser Center West, for their study, “Reduce Pollution, Cost and Waste Through Recycling.”

Winners will receive their awards and make poster presentations at Achieving Accreditation, December 6–7, at The M Resort, Las Vegas.

Learn from the experts

We want each organization to feel fully prepared for a successful accreditation survey. Whether you’re ready to travel, or need to brush up your knowledge from your desk, AAAHC wants to help you help your organization.

AAAHC on the road

On December 6–7, an expert faculty Achieving Accreditation to The M Resort in Las Vegas for our quarterly interactive, in-depth seminar. Day one provides a comprehensive review of AAAHC Core Standards and how to prepare your organization to meet them. In the afternoon, you’ll review sample quality improvement (QI) studies, explore QI topic selection, and learn how to develop QI studies within your own organization. You will have the opportunity to ask specific questions, share concerns and offer feedback.

On Day two, you will meet with faculty and your peers in either the surgical/procedural or primary care environment to discuss the Standards as they apply to your setting. This session also includes a review of the AAAHC Adjunct Standards most frequently applied to organizations like yours. In the afternoon, you tailor the program to your individual interests by selecting up to three elective sessions.

AAAHC at your desk

There are four more webinars scheduled for 2013; three on infection prevention best practices and one on how to avoid the most common pitfalls in preparing for your accreditation survey.

October 29: Infection Prevention: Cleaning, Sterilization and High-level Disinfection in Surgical Settings
12:00 pm CT

October 29: Infection Prevention: Cleaning, Sterilization and High-level Disinfection in Endoscopy Settings
12:00 pm CT

November 12: Ten Common Accreditation Mistakes and How to Avoid Them
2 pm CT

November 21: Infection Prevention: Getting It Right for Your Primary Care Practice
2 pm CT

Learn more at www.aaahc.org/education/achieving-accreditation.

Learn more at www.aaahc.org/education/2013-webinars.
AAAHC will be exhibiting at these upcoming conferences:

- American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)
  October 19-21, New Orleans, LA
- Texas Ambulatory Surgery Center Society (TASCS)
  November 7-8, Houston, TX
- Northwest Regional Primary Care Association Fall Conference (NWRPCA)
  October 19-21, Seattle, WA
- Washington Ambulatory Surgery Center Association (WASCA)
  November 14-15, Tulalip, WA
- Association of Military Surgeons
  United States (AMSUS)
  November 4-5, Seattle, WA

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