



# triangle times

Volume 1 | Issue 3 | Summer 2014

## Program Building 101

What does it mean to say that you have an infection control program?

You may 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, among them risk management, infection prevention and control, safety, quality management and improvement.

### STEP 1: DEFINING "PROGRAM"

What constitutes 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; an activity is a discrete, measurable amount of work, e.g. a quality improvement study. A program

*continued on page 3*

 AAAHC  
**35**  
YEARS  
STRONG

## A letter from the President & CEO

This issue's profile of surveyor Kris Benkeser talks about her drive to learn how people came to be where they are. Reading it made me reflect on my own journey to AAAHC.

As an undergraduate majoring in communications and political science, I found an opportunity as a news intern at WSAZ-TV in Huntington, WV. That experience led to an early career in broadcasting as I went on to work as Assistant Director at WOSU-TV while studying for a doctorate at Ohio State. As it happens, I also spearheaded an experimental project in telemedicine.

But sometimes—or maybe it's often, as Kris Benkeser's story has a parallel circumstance—serendipity redirects the best-laid plans. My broadcasting focus shifted when the University appointed me head of the Department of Medical Communications within the College of Medicine's School of Allied Medical Professionals. From that point to this, I've worked at the intersection of communications and health care.

I served as Editor of the Journal of Allied Health while I established a

medical communication program at Ohio State. From there, I moved to the University of Illinois, Chicago to continue teaching and research with concurrent roles as Professor and Associate Dean in the then College of Associated Health Professions, the Department of Biocommunication Arts; the Center for Educational Development; and the Department of Communications. I travelled, as part of a World Health Organization delegation, to Africa, to talk about health problems and health sciences education.

In 1987, I left academia to join Abbott Laboratories to build their medical education program, and ultimately, ten years later, I moved to AAAHC.

Looking back, my career trajectory has been built on using best practice in communications to support understanding in health care. That same principle has been foundational to AAAHC: that advances in health care—new governance models, new uses of technology, evidence-based practice—are driven forward by effective communication.



John E. Burke

As I look to my retirement in just under a year, I am more committed to strengthening the AAAHC promise of raising the bar on patient safety and the quality of care. We continue to accomplish this through surveyors who are teachers, through staff who are skilled facilitators and through organizations that maintain a culture of critical thinking and open communication. ▲

John E. Burke, PhD  
President & CEO

## Welcome to AAAHC

Congratulations to the 47 organizations newly accredited between April 1 and June 30, 2014.

### ARIZONA

The Sun City Ophthalmology ASC, LLC

### CALIFORNIA

Redding Rancheria Tribal Health Center

Specialty Surgical Center of Westlake

Nallathambay Thayapran MD Inc.

Laurel Fertility Care, a Professional Medical Corporation

PV Peninsula Plastic Surgery Center

Alvarado Eye Surgery Center, LLC

Pacific Eye Surgery Center, LLC

Reproductive Surgical Associates

Beverly Surgery Center, Inc.

### COLORADO

Kaiser Foundation Health Plan of Colorado

Endoscopy Center at Porter, LLC

Canyon View ASC, LLC

### FLORIDA

Henghold Surgery Center, LLC

Surgery Center of Okeechobee, LLC

Cardiovascular Institute of Central Florida

### GEORGIA

North Columbus Surgery Center, LLC

### HAWAII

Specialty Surgical Suites LLC

Kaiser Permanente Ambulatory Surgery Center - Wailuku

IOWA Quality Surgicenter, LLC

### KENTUCKY

New Lexington Clinic, PSC

### LOUISIANA

Advanced Surgical Care of Baton Rouge, LLC

### MASSACHUSETTS

New England Pain Care, Inc.

Leonid Kotkin, MD, PC

### MARYLAND

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

### MICHIGAN

Saginaw Chippewa Indian Tribe - Nimkee Memorial Wellness Center

### MINNESOTA

TRIA Orthopaedic Center

### MISSISSIPPI

Comprehensive Pain Center for Surgery

Cole Facial Plastic Surgery

### NORTH CAROLINA

Mobile Anesthesiologists of the Carolina's, PLLC

### NEW HAMPSHIRE

The Surgery Center of Greater Nashua

### NEW JERSEY

Retina Consultants Surgery Center

First GI Endoscopy and Surgery Center

Rutgers, The State University of New Jersey

### NEW YORK

Aesthetic Physicians of Massachusetts, PC - Sono Bello Westchester

Endoscopy Center of Niagara, LLC

Columbia University Medical Center Student Health Service

### OHIO

Compassionate Care Center for Surgical Excellence

### OREGON

Dove Medical

### PENNSYLVANIA

Carbon-Schuylkill Endoscopy Center, Inc.

Vincera Surgery Center

### TENNESSEE

Southeast Eye Surgery Center

Eye Care Surgery Center of Memphis, LLC

### TEXAS

Sphier Emergency Room Management, LLC

Executive Surgery Center LLC

### UTAH

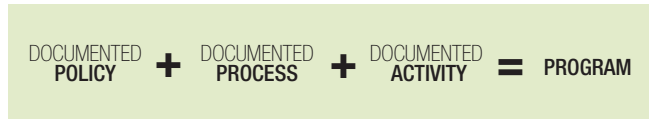
Wasatch Endoscopy Center

### VIRGINIA

Bayview Medical Center, Inc.

**Program Building 101**, continued from page 1

integrates these component parts (and often multiples of each) in an organized way to address a problem.



Consider this 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 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.

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.

**STEP 2: THE FOUNDATION**

When building a program, think both wide and deep. The moving parts of a comprehensive program will almost certainly require the buy-in and contributions of a cross-functional team.

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?

The first rule of developing a program is to make it specific to your operations.

Begin with a formal risk assessment. To continue with 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 these specific risks.

With your issues prioritized, you can begin to set goals for the program. A goal is a clear, measurable, relevant work challenge that drives results. Make them SMART:

	Means the goal:
<b>S</b> pecific	Is clear and easy to understand. Translates into action.
<b>M</b> easurable	Is simple and objective. Can be assessed by gathering numerical data.
<b>A</b> chievable	The owner of the goal has the knowledge, skills, and resources to deliver the result.
<b>R</b> elevant	Aligns with business strategies/purposes. It matters.
<b>T</b> ime-bound	Has a completion date.

Rather than, “We will improve hand hygiene compliance,” use “Hand hygiene compliance will be 90% or better by the end of Q2 as measured by ‘secret shoppers.’”

**STEP 3: THE STRUCTURE**

With the scope and goals of your program in place, it’s time to establish assignments.

1. Identify a specific person/role/committee that is responsible for the overall program.
2. Ensure that licensed health care professionals participate in the program. None of the AAAHC Standards that require a program will be considered substantially compliant with the participation of administrative/non-clinical staff alone.
3. Create a list of monitoring activities. This is where you’ll have immediate and on-going access to internal benchmarks in order to identify if/when performance is slipping.
4. Schedule timelines for evaluation of the individual activities within the program and for the program as a whole.
5. Report the findings of these evaluations to your governing body.

This process can be followed for each program you develop.

**STEP 4: THE ROOF**

Just as the rooms of a building connect, your programs should communicate with one another under the “roof” of your organization. For example, the activities of your risk management program, infection prevention and control program, and peer review program should be integrated with your quality program.

Whenever analysis of a monitoring activity reveals a decline in internal performance (or when an external benchmark indicates that you’re not meeting an accepted standard of care), it’s an opportunity to create a quality improvement study. Link your programs in a way that makes sense for how your organization operates and engage all of your staff in driving excellence. ▲

# Standard Bearer: 5.I.B.1, 4, 6

Standard 5.I.B requires the use of regular data collection to evaluate quality. It details specific areas for which data should be collected and analyzed, and describes how the resulting analysis is to be used.

Elements 1, 4, and 6 cite peer review, benchmarking, and evaluation of the results and are the focus of this close look at the Standard.

## STANDARD 5.I.B.

5.I.B The organization implements data collection processes to ensure ongoing quality and to identify quality-related problems or concerns. Such processes should include but are not limited to:

1. Analysis of the results of peer review activities.
4. Comparison of the organization's performance to internal and external benchmarks.
6. Evaluation of the information and data obtained through the above data collection activities to identify the existence of unacceptable variation or results that require improvement.

### Related Standard: 2.III.A

The health care professionals understand, support, and participate in a peer review program through organized mechanisms that are consistent with the organization's policies and procedures, and are responsible to the governing body. The peer review activities are evidenced in the quality improvement program.

## INTENT OF THE STANDARD

The intent of Standard 5.I.B is to formalize the process of data collection with regard to specific areas (e.g., clinical outcomes, peer review, patient satisfaction, financial results) and to ensure use of the data to address a variety of topics related to quality of care.

## HINTS FOR MEETING STANDARD 5.I.B.1, 4, 6

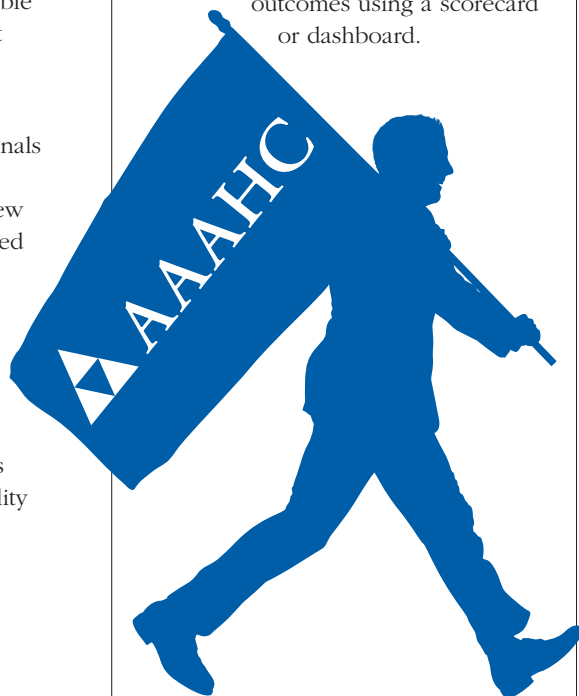
- Peer review lives at the heart of the AAAHC approach to accreditation. It represents an openness to independent evaluation and appears as a concept in Standards across multiple chapters of each of the AAAHC Handbooks.
- While individual peer review should be used as part of the process for granting continuation of clinical privileges and for assessing clinical outcomes, Standard 5.I.B.1 focuses on the aggregate use of data from peer review. This aggregated data can be used to develop relevant internal benchmarks by comparing peers with one another.
- Many organizations collect performance-level data on selected outcomes using a scorecard or dashboard.

Your organization may be documenting anything from patient wait times to cost of procedures, but how do you put the results to use? Analysis of your best performers, your averages, and your outliers is a way of establishing an internal benchmark. (It can also be an effective means of fostering change. No one wants to be identified as the outlier!)

- Look to comparative data from an external source to identify an external benchmark. Establish an on-going process for comparing this data as a quality monitoring activity. If you are below the level of the external benchmark, you've identified a variation that warrants improvement and may suggest a formal QI study.
- A negative change in performance against your internal benchmarks over time should similarly trigger an improvement initiative. The benchmarks you've established will be the basis for goal -setting whatever the source (internal or external).

## AAAHC STANDARDS AND YOUR ORGANIZATION

Organizations that get the most benefit from the accreditation process use the Standards as a roadmap for quality of care and patient safety. When reading Standards, consider each one in the context of promoting a culture of continuous improvement within your organization. ▲



# News Briefs

## UPDATES TO 2014 HANDBOOKS

Each year there are, inevitably, updates that occur following publication of the *Handbooks* and 2014 is no exception.

1. Clarifications to our policies on cancellation of surveys apply to all organizations.
2. For organizations participating in the Medicare Deemed Status program, there are additional updates to CMS requirements for reporting of infection control breaches and CFCs relating to radiologic services.

Details of the updates can be read on our website at [www.aaahc.org/en/education/Standards-and-Policy-Updates](http://www.aaahc.org/en/education/Standards-and-Policy-Updates)

## AAAHC TAKES A SEAT ON ACA PANELS

Karen Connolly, RN, chair of the AAAHC Health Plan Advisory Committee, has been selected to represent AAAHC on two expert panels that will help shape implementation of the Patient Protection and Affordable Care Act (ACA). The invitation extended to AAAHC to be a part of these advisory panels demonstrates the strong influence of AAAHC and its accredited organizations.



Ms. Connolly will play a major role on the quality improvement strategic panel and the quality reporting systems panel. Each panel is a part of the Centers

for Medicare and Medicaid Services (CMS) and includes approximately a dozen individuals representing state governments, insurance commissions, health plans, consumers and recognized accrediting organizations.

## CDC continues to investigate outbreaks as a result of unsafe injection practices.

### CDC PRODUCES SAFE INJECTION PRACTICES VIDEOS

CDC continues to investigate outbreaks as a result of unsafe injection practices. These mistakes and knowledge gaps put healthcare providers and patients at risk. AAAHC has partnered with the CDC's *One & Only Campaign* since 2009 to help keep patients safe from unnecessary harm. Recently, the *One & Only Campaign* created two short videos that detail critical information to help all providers and facility managers double check their injection safety knowledge. ▲



*Check Your Steps! Make Every Injection Safe* - For Healthcare Providers, 3:45



*Managing Patient Safety, One Injection at a Time* - For Healthcare Managers, 2:33



### BENCHMARKING STUDIES OPEN

Registration is open for benchmarking studies spanning July-December 2014. Go to [aaahc.org/institute](http://aaahc.org/institute) for more information.

### EMERGENCY DRILL TOOLKIT IS COMING!



## Achieving Accreditation comes to Boston in September

In honor of our 35th anniversary, we've suggested 35 reasons to attend our educational seminars this year. Read them all at [aaahc.org/education](http://aaahc.org/education) and consider these extras if you're thinking about Boston, September 12-13:

### #1 GETTING THERE IS HALF THE FUN.

A City Water Taxi will ferry you across Boston Harbor from the airport to the conference hotel

### #2 TIME TRAVEL IS POSSIBLE.

Boston's historic Freedom Trail covers two and a half centuries from Colonial Pre-Revolutionary Boston to the present.

### #3 DISCOVER THE SACRED COD.

Hint: It's in the Old State House.

### #4 IT'S A FOODIE TOWN. EAT LOBSTER EVERY DAY! ▲

# Surveyor Spotlight



**KRIS BENKESER, MSN, CRNP**  
MCLACHLAN STUDENT HEALTH SERVICES,  
SLIPPERY ROCK UNIVERSITY

Kris Benkeser, Director of Student Health Services at Slippery Rock University, might have been a wonderful documentary filmmaker. She loves ideas and talking to people about how they've come to be where they are. She loves capturing the detail of experiences in visual hobbies like photography and scrapbooking. Fortunately for the student population at Slippery Rock and the organizations she surveys for AAAHC, she chose another calling.

A Certified Registered Nurse Practitioner since 1991, Ms. Benkeser was working primarily with a frail, elderly population in an underserved area when she was approached to join Slippery Rock's student health center team. Twenty one years later, she's still there. She accepted the Director position in 2005.



Slippery Rock student health services has an RN available 24/7 during the academic year.

Slippery Rock was the first university in Pennsylvania's state system to achieve AAAHC accreditation, a status they have held continuously

since 1997. "I had come from an environment in which the mere mention of 'accreditation surveyors' resulted in a sense of panic; the AAAHC experience was very different and really focused on a quality patient experience. During my first survey experience as the Director, Dr. Maggie Bridwell kicked off the event with a wonderful talk about the non-prescriptive nature of the Standards," she recalled.

"It was a bit of a revelation to me to think of the Standards as a roadmap for my organization rather than as a set of regulations. And over time, I've come to understand the Standards as a description of how we achieve quality in delivery of our clinical services, our health education and outreach, and our public health responsibility for the university."

Dr. Bridwell, who died in 2013, was well-known for her passionate belief in the value of accreditation for primary care organizations and for her mentorship of other surveyors. She did more on that 2006 survey than remove the fear factor from the process for Ms. Benkeser; she also suggested that Kris consider becoming a surveyor herself.

"My initial response was, 'Are you crazy?' but then I realized that this was an incredible opportunity being handed to me" Ms. Benkeser said.

She applied and was accepted for surveyor training in 2007 and additionally credentialed for Medical Home surveys in 2013.

"I love seeing that it is possible, even for smaller, less robustly-funded health services, to meet the Standards," she said.

"As a surveyor, I approach each survey as an interview. I ask organizations to describe the process by which they provide care and demonstrate how they have formalized the process.

In a college health environment, it's important that the health service support the university's strategic plan. This helps with buy-in and sometimes, with funding. For example, the fact that we are 24/7 and accredited is meaningful to parents and therefore a recruitment tool.

"Some of what I see on college health surveys is unique to these environments. Some safety drills that are routine for us—like an autism spectrum crisis or an interpersonal violence drill—are less likely to be seen in other settings. Similarly, our emergency preparedness is coordinated with the university as a whole and with the community.

"Some of what I see on college health surveys is unique to these environments."

"We also do a lot of screening—for depression, alcohol and drug abuse, exercise habits—that isn't always seen in other care settings. This is because we have integrated and well-coordinated mental health resources. These are ideas that I can share with others across the primary care spectrum when on a survey."

"When I was starting in my career, I imagined that I would dabble around in lots of organizations but the truth has been that I've felt commitment to the few places in which I've worked. Being a surveyor lets me see how other places solve challenges. I can then bring those solutions back to benefit Slippery Rock. It's the best of both worlds." ▲

# Meet the AAAHC Staff



**NORMA CASTREJON**  
ASSISTANT DIRECTOR, IT

When Norma Castrejon recently ran for reelection to the local school counsel at her daughter's Chicago Public School, one of her many supporters cited her quiet leadership, sense of humor, and ability to listen to all sides of an issue as reasons to vote for her.

"I believe there should be a partnership between schools and parents to help kids succeed," she

explained, "and serving on the LSC means I have the opportunity to contribute to how we build that community."

Norma's genuine commitment to collaborative teamwork is similarly recognized and appreciated at AAAHC.

"Norma is a rock," said Janice Plack, Interim Senior Director, Operations. "She's a low-drama, high-efficiency colleague and an incredibly valuable part of the IT team."

As a project manager, Norma often functions as a translator. On one side stand her customers (our staff, surveyors, and organizations seeking accreditation). On the other side are software product vendors. Norma's job is to bring the two sides to a shared understanding that results in

a useful tool. Because she started her career in electrical engineering, software engineering and then software quality management, she speaks tech fluently.

"When an IT initiative is launched, I work across departments to understand what need we are meeting, who will use it, and how. Then my team identifies the best product for the application. In order to coordinate any design customization, the software developers need to understand exactly what we intend to deliver and that means I have to communicate the specific needs of our business users.

"Then we plan how to test it and roll it out.

*continued on page 8*

## July 2014

■ = education ■ = outreach ■ = deadlines

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### July

- Connection published
- Triangle Times published
- 17:** webinar: *Life Safety Code* (visit [www.aaahc.org/education](http://www.aaahc.org/education) for info)
- 21-22:** 11th Annual Conference on Employee On-Site Health Clinics, Chicago (conference exhibit)

## August 2014

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### August

- 1-2:** ASGE GO Outlook, Washington, DC (conference exhibit)
- 13:** webinar: *Quality Improvement - Basics*
- 20-22:** Nat'l Conference of State Legislatures (NCSL), Minneapolis (conference exhibit)
- 21:** *Achieving Accreditation* early bird registration deadline
- 24-26:** Nat'l Assn of Community Health Centers - CHI, San Diego (conference exhibit)
- 27:** webinar: *Quality Improvement - Intermediate*

## September 2014

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### September

- Connection published
- 3-5:** California Ambulatory Surgery Assn (CASA), San Diego (conference exhibit)
- 7-9:** Nat'l Assn for Healthcare Quality (NAHQ), Nashville (conference exhibit)
- 12-13:** *Achieving Accreditation*, Boston

**AAAHC Staff, continued from page 7**

"I enjoy coming to work every day because of my team [IT]. Everyone shares ownership of the products we deliver and believes that their quality reflects on the whole team. We work well together and support one another in solving problems.

"But it's not only because of my own department that I'm glad to come to work. I work with almost every department at AAAHC and I've never had a bad experience with anyone," she said.

Norma brings the same positive energy to everything she does. She recently completed a 10-mile race to benefit Salute, Inc., an organization that supports a wide range of services to address the financial, physical and emotional needs of military service

members, veterans and their families. Not a regular runner, she participated primarily because a friend asked her to and she wanted to find out if she could. Part of her the attraction to this particular race was the fact that it finished on the

50-yard line of the Chicago Bears' home stadium and each finisher's face appeared on the stadium's Jumbotron. As an enthusiastic fan of the Bears, that was a huge incentive to finish. ▲

## AAAHC by the numbers

New organizations newly-accredited by AAAHC between April and June 2014 (see page 2)

**47**

**853**

Registrants for the webinar *Is your ASC Ready for a Crisis?*

**3,784**

miles traveled to reach *Achieving Accreditation* in Chicago by the participant from farthest away (Lima, Peru)

**35**

years of providing accreditation services to ambulatory health care organizations. (Happy Anniversary, AAAHC!)



**In this issue:**  
Program Building 101  
Standard 5.1.B  
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Staff profile: Norma Castrejon

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