A newsletter of the Accreditation Association for Ambulatory Health Care, Inc.

AAAHC

triangletimes

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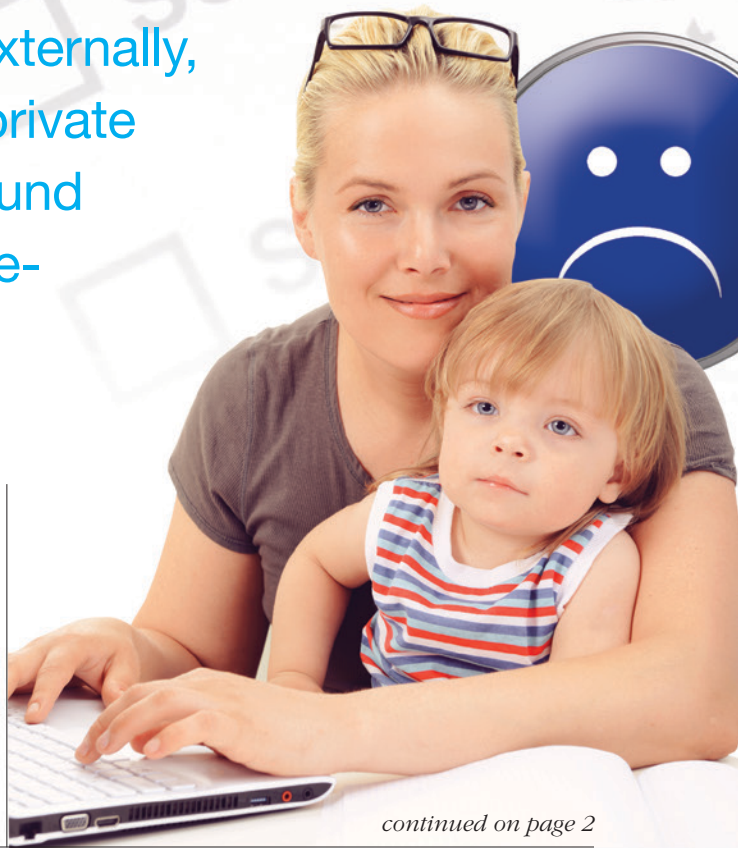
It's all about me

Use your patient satisfaction scores to build better communications

Increasingly, patient satisfaction metrics are being used as a quality measure within the practice setting and externally, as payers (from government to private insurers to employers who self-fund healthcare) move to performance-based reimbursement.



When "patient sats" are tied to payment, there's extra incentive to keep them high.

KNOW YOUR BIAS

Health care professionals tend to assess quality by objective criteria. Do I have a current A1C for all my diabetic patients? Were all my surgical patients prepped and ready on time?

These aspects of care are largely invisible to patients who tend to assess the care they receive with subjective criteria; they look to their interactions with providers. A patient will talk about how long she waited for an appointment, how long it was before he saw the doctor, and when—or whether—she got a report on her mammogram.

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A letter from the Board Chair

As I conclude my service as Board Chair, I'm proud to have led at this critical time in the history of AAAHC. This past year we have initiated three transformational events that will continue to grow into fruition in the coming months and years.

STRATEGIC PLAN

In September 2014, we held a strategic planning session in the Arizona desert, which led to a new mission statement, *Improving Healthcare Quality through Accreditation,* and to new guiding principles for our organization. These principles are now being used by AAAHC staff and the board to evaluate each of our programs and initiatives as well as the component parts of AAAHC (our subsidiaries). They will inform our on-going decision-making processes.

TASK FORCES ESTABLISHED

We have launched two major task forces: a Primary Care Task Force, chaired by Dennis Schultz, MD, and a Governance Task Force, chaired by David Shapiro, MD. The Primary Care group is charged with an examination of the current primary care environment and our existing client base, and with recommending how resources should be allocated to serve and extend our existing primary care and Medical Home programs.

The Governance Task Force will look at all aspects of our organizational structure to determine the most effective ways for AAAHC to serve the distinct needs of the increasingly diverse types of organizations that seek accreditation.

LEADERSHIP TRANSITION

As was announced last year, John Burke, PhD, will be retiring from his role as President and CEO in June after eighteen years with AAAHC.

We are excited to announce that Stephen Martin, PhD, will be joining AAAHC as our new President and CEO. Dr. Martin's academic background in epidemiology and his experience directing operations within a large hospital system are indicators that he brings a data-driven approach to leadership. He has a network of contacts and relationships that will benefit AAAHC in a variety of areas.

Dr. Davey

Throughout the interview process, the search committee found Dr. Martin energetic and enthusiastic. We believe he has the ability to embrace and drive change. We know that Dr. Martin will be a successful leader at AAAHC, helping us grow as an acknowledged thought leader.

I hope you will join me in welcoming Dr. Martin as we look forward to another very interesting year!

W. Patrick Davey, MD, MBA, FACP

Welcome to our newly accredited organizations

Congratulations to the 39 new organizations accredited between January 1 and March 31, 2015.

ARIZONA
Barnet Dulaney Perkins Eye Center, PLLC

CALIFORNIA
Eisenhower Imaging Center, LLC

Major Medical Management Inc.

Crossover Health Medical Group

DELAWARE
Delaware Interventional Spine Associates, LLC

Sussex Pain Relief Center, LLC

FLORIDA
Cesar Velilla MD PA

ILLINOIS
Periodontal Medicine and Surgical Specialists, Ltd

LOUISIANA
Oil Center Surgical Plaza, LLC

EndoCenter, LLC

MASSACHUSETTS
Luciano Sztulman, MD Inc

MARYLAND
Oxon Hill Urology Surgery Center PC

Bel Air Ambulatory Surgical Center, LLC

Maryland Eye Surgery Center, LLC

MAINE
Penobscot Community Health Center, Inc.

MONTANA
Echoz Pregnancy Care Center

NORTH CAROLINA
Reproductive Endocrinologists of Charlotte

Southeastern Ambulatory Surgery Center, LLC

NEVADA
Spring Valley Surgery Center, LLC

NEW YORK
Women's Health of Western New York, PC

Yorkville Endoscopy Center, LLC

OHIO
Montgomery Surgery Center, LLC

GI Physicians Endoscopy, Inc.

Central Ohio Endoscopy Center, LLC

OKLAHOMA
Creek Nation Hospital & Clinics Board

Weir ASC, LLC

RHODE ISLAND
Bayside Endoscopy Center, LLC

SOUTH CAROLINA
Southern Surgery Specialists, LLC

SOUTH DAKOTA
Siouxland Surgery Center, LLP

USC Ambulatory Surgical Center, Prof. LLC

TENNESSEE
The University of Tennessee Student Health Center

TEXAS
Children 1st Grand Prairie, LLC

SCNETX, LLC

Fourth Ward Clinic

VIRGINIA
Endoscopy Center of Southwest Virginia, LLC

Pediatric Specialists of Virginia, LLC

WASHINGTON
Cascade Foot and Ankle

Athenix Physicians Group Northwest PLLC

Aesthetic Medicine PLLC

It's all about me, *continued from page 1*

Providers know this intuitively and these issues of access, wait time, and follow up are among the questions commonly asked when assessing patient satisfaction/patient experience. Additionally, providers often survey for the patient's perception of how well they are treated by members of the practice staff.

But if providers and patients approach quality from completely different perspectives, how can the perception-based data reasonably serve as a benchmark for quality improvement? Where is the intersection between the concrete measures that are critical to a provider and the perceptual experience measures that patient satisfaction surveys provide? How can we better interpret and use this data?

Begin from the understanding that how successfully you communicate establishes the baseline for how your patients perceive the quality of their care.

TAKE THE PATIENT PERSPECTIVE

Typically, patient satisfaction is evaluated using a post-encounter survey. It's important to realize that the responses are colored by expectations formed at—or even before—the very first direct interaction.

If Ms. Jones expects to schedule an appointment within a week and see a provider within 15 minutes of arriving at the facility, an appointment ten days out and a wait of 30 minutes will be perceived as disappointing. The resultant satisfaction score may suffer.

So how do you manage expectations? By understanding and re-setting them.

LEARNING TO LISTEN

Do you remember the adults in the Peanuts cartoons drawn by Charles Schultz? No? Well maybe that's because they were never visible and what they said sounded like, "wah wah wah wah wah wah." For many patients, the stress of a health care visit reduces all verbal communications to something similar.

Consider an example. You are communicating with a patient pre-procedure. Your intention is self-evident: You want your patient to be ready for surgery so that it can proceed safely and on-schedule. You will accomplish this goal through a script delivered over the phone. You've even acknowledged that your patient may be anxious and fail to fully absorb what's said by providing written instructions, including "NPO after 24:00."

On the day of the scheduled surgery, Ms. Jones arrives for her knee arthroscopy having just stopped for a snack because she knows she'll be in your center well past lunch time. If she didn't comply with instructions because she didn't understand them, and now you have to re-schedule the procedure and her daughter-in-law has already taken time off work to drive her to your facility and back, whose problem is it? Your schedule (an objective quality criteria with cost implications) has suffered. And what might the post-encounter survey reflect about this experience?

Health care providers are frequently delivering communications to elicit specific action (don't eat before your procedure, stop smoking, stop taking your daily aspirin, start taking your daily aspirin…). Make sure you're adjusting from the language of your peers to the language of your patients. The most effective

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News Briefs

LEGISLATIVE/REGULATORY NEWS

In January, 43 U.S. states entered their regular legislative sessions. Over 1,600 health care bills were introduced. Since then, several thousand more have been added.

Visit the website for your state's General Assembly on a regular basis to review pending and passed legislation. (Generally, there is an option to search by keyword which will result in a list with enough of the language of the bill to determine its relevance to your organization and/or providers.)

Your state Department of Health or licensing agency is another resource for rules and regulations that have been adopted.

Institute for Quality Improvement

NOMINATE YOUR QI STUDY FOR AN AWARD

Applications for the 12th annual *Bernard A. Kershner Innovations in Quality Improvement Award* are now available. If you have completed an outstanding quality improvement study demonstrating interventions that led to positive outcomes, you are invited to submit an application by noon on June 12, 2015.

A panel of QI experts will review all submissions, looking for overall clarity and conciseness along with a convincing rationale in the following categories:

- Quality issue addressed
- Appropriateness of the performance goal
- Data collected (performance measures)
- Data collection methodology
- Data analyses and conclusions
- Comparison of initial performance versus performance goal
- Development and implementation of corrective action
- Re-measurement and, if necessary, additional corrective action and re-measurement
- New current performance versus performance goal
- Methods of communicating the study findings throughout your organization

The panel will also be looking for innovative thinking, teamwork, and an example that can be applied in other ambulatory health care settings.

The winning study (there may be more than one) and submitting organization(s) will be recognized at the December 2015 *Achieving Accreditation* program and the award includes:

- One complimentary registration for *Achieving Accreditation,* December 4-5, 2015 in Las Vegas, Nevada.

- One roundtrip economy airfare (within the continental United States) and 3 nights stay (December 3, 4, 5, 2015) at Encore at Wynn Las Vegas.
- Presentation of the award by the AAAHC Institute during the program.
- A poster presentation about your study.

Sharing your insights can boost your organization's prestige and benefit others as they learn from your experiences. Download an application with complete conditions of participation at www.aaahc.org/institute/quality-improvement-award.

AMBULATORY SURGERY AND OBESITY IN ADULTS: PREVENTING COMPLICATIONS

The Institute has released the next in an on-going series of tools to promote patient safety in ambulatory settings. For electronic or print copies of this and the other tools in the series, visit www.aaahc.org/institute/patient-safety-toolkits. ▲

It's all about me, *continued from page 3*

way to confirm whether something is understood is the simplest: ask.

And since you're asking… Pose your question so as to accomplish something more. Use your interaction to create relationship, engage a connection, and demonstrate patient-centeredness. "Do you understand that you cannot have anything to eat or drink after midnight? Are you a big breakfast eater? Me, too. Luckily the change is just for one day." If you make it a conversation, and show empathy, how might the post-encounter survey results be different?

YOUR QUESTIONS COUNT. THEIR ANSWERS COUNT MORE.

If the "why" of any given communication is clear, you can have significant impact on patient experience by adjusting the "how." One approach already touched on is to put instructions in writing (see *6 Principles for Effective Written Communications* for additional tips). Another is a face-to-face technique based on modified motivational interviewing. Instead of the one way, authority-to-recipient path, motivational interviewing shifts the provider-patient interaction to a collaborative two-way conversation. Asking why Mr. Smith is thinking about quitting smoking and how it would make his life different demonstrates respect for his personal agency and can support his intrinsic motivation more than simply telling him why he should quit and handing him a list of resources.

> If the "why" of any given communication is clear, you can have significant impact on patient experience by adjusting the "how."

Having made some improvements to the communications before and during your patient encounters, it's time to consider the context in which you're asking satisfaction questions.

Often these are asked in real time as patients are checking out. Electronic surveys have the advantage of providing immediate data but paper surveys can work, too. Other organizations prefer to send surveys by mail and some even attach incentives (like gift cards) for responding. Perhaps the most patient-centered incentive would be an acknowledgment that any concerns raised were heard and addressed. At least one AAAHC-accredited organization posts patient suggestions in the waiting area with a dated description of the implemented solution added to demonstrate that the practice listened and took action to improve.

6 Principles for Effective Written Communications

1. Know your audience.
Who, exactly, are you speaking to? Age, gender, knowledge base, and reading level are all considerations when crafting communications.

2. Keep it simple.
Be clear. Be concise. Use as few words as possible without being terse. Edit and proofread.

3. Define expectations.
In the friendliest possible way (no one likes a scold), let your patients know what is expected of them and what they can expect from you.

4. Focus your message.
Limit yourself to one topic per communication. Make your point. Make it again. That's it.

5. Communicate benefits/Remove obstacles.
Tell your patients (and potential patients) what's in it for them. And make it easy to comply. Offer a contact name and number for questions and/or create relevant FAQ documents.

6. Looks count.
Be intentional about what you deliver. Just as face-to-face communication is both verbal and non-verbal, written communication is not only the words on the page; it's the tone and appearance. Three pages of closely spaced instructions exhausts a reader before they've begun.

Create chunks of copy, include graphics or white space as visual relief, make it interactive with checkboxes or places to take notes. ▲

From marketing materials and wellness information to pre- or post-procedural instructions, every health care provider has messages to deliver to patients.

Communication in all forms is intended to solve problems. If your communications aren't achieving this, could be it's time for a fresh approach. The yield is the greater engagement that patients value *and* increased potential for the improvement in the objective criteria that providers call quality. Your patient satisfaction scores will celebrate your successes and point out where you need to do more in your communication efforts. ▲

Standard Bearer: 7.I.C. Who directs your IPC program?

An accreditable organization maintains an active and ongoing infection prevention and control program that is documented in writing and based on nationally-recognized guidelines.

THE STANDARD

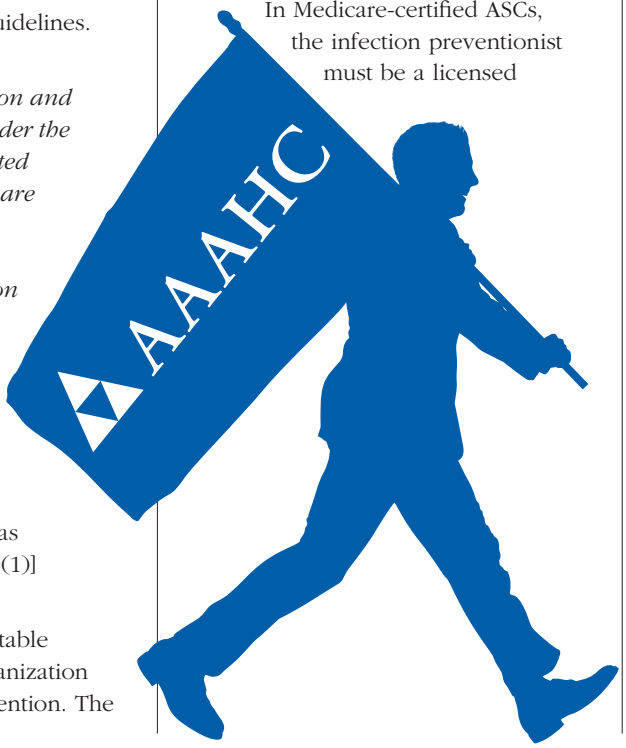
7.I.C: *The infection prevention and control program is under the direction of a designated and qualified health care professional who has training and current competence in infection control.*

Note: In the 2015 *Accreditation Handbook for Medicare Deemed Status Surveys*, this Standard is identified as 7.I.B.3 [CMS 416.51(b)(1)]

INTENT OF THE STANDARD

Everyone within an accreditable ambulatory health care organization has a role in infection prevention. The Standard is intended to ensure that this critical safety issue is "owned" by a trained and committed individual.

In Medicare-certified ASCs, the infection preventionist must be a licensed professional, such as a nurse, pharmacist, physician, etc. AAAHC Standards do not require that the infection prevent program is led by a licensed professional. A medical assistant or dental assistant with relevant training and demonstrated competence can fill this role for the purposes of AAAHC accreditation.



HINTS FOR MEETING THE STANDARD

Because both AAAHC and Medicare require that the infection preventionist is properly trained and competent, AAAHC surveyors and staff are often asked if certification in infection prevention (CIC) is required. It is not, but the individual's training must reflect the specific infection risks of the organization. Examples of relevant training might be a conference offered by APIC or a series of CDC webinars or any other education that would build and enhance the infection prevention knowledge of the designated individual. ▲

■ = education ■ = outreach ■ = deadlines

May 2015

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May

	Connection distributed
7-9	Nat'l Healthcare for the Homeless Conference (presentation and exhibit)
11-12	Navy Contracting Summit, Norfolk (conference exhibit)
13-15	Ambulatory Surgery Center Assn (ASCA), Orlando (presentation and exhibit)
18-21	US Public Health Symposium (USPHS), Atlanta (conference exhibit)
21	Early bird deadline for *Achieving Accreditation*
26-30	American College Health Assn (ACHA), Orlando (presentation and exhibit)

June 2015

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June

11-13	Becker's Ortho, Spine and Pain Management conference, Chicago (presentation and exhibit)
12-13	*Achieving Accreditation*, San Diego
26-29	APIC conference, Nashville (conference exhibit)

Meet the AAAHC Staff

MARTYNA HRYNIEWICKA
SCHEDULER

As an undergraduate at DePaul University in Chicago, Martyna Hryniewicka was involved with service learning opportunities each quarter. Among the most memorable work she committed to was with *A Just Harvest,* a non-profit that addresses hunger issues.

"Among other things, *A Just Harvest* provides a hot evening meal for the homeless, the elderly, really anyone who shows up. What made it special to me was that it was restaurant-style dining," Martyna said.

"During the term I worked with them, I was also working as a waitress in a traditional restaurant. Transferring the same kind of person-to-person contact to a different population helped me understand the real meaning of providing service."

Martyna graduated in 2014 with a degree in Health Sciences (concentration in Public Health Studies) but she took a long time choosing her major. Starting from the clear knowledge that she was interested in working with the public and with issues of regulation, she thought first about urban planning and then about environmental science. But she kept hearing discussion about "Obamacare" and ultimately made the decision to pursue health policy.

"I knew I was interested in public policy but my service learning experiences helped me understand that 'the public' is just many, many individuals," she explained. "Healthcare seems like a place where I can make a difference."

Martyna has been working as a scheduler at AAAHC for about nine months now. As a part of their training for this role, each new employee attends a session of *Achieving Accreditation* alongside our new and re-accrediting organizations. Martyna's experience in Orlando this past March served to re-confirmed her thinking about what service to "the public" looks like.

> "Healthcare seems like a place where I can make a difference."

"I was so impressed that such a small group can create such a large ripple effect," she said. "I met people from our organizations and I met surveyors and it was so clear that Achieving Accreditation benefits health care organizations so that they can benefit their patients as a population and as individuals."

Martyna puts this macro/micro outlook into practice every day. When an organization completes an application for survey, a scheduler contacts them to explain when their current accreditation (if any) will expire and to ask about their availability for a survey.

"Then we go to the surveyor pool and look at who is available, what kind of survey privileges they hold, and what field they work in. I try to choose the surveyor (or survey team) that I believe can be most helpful to the organization."

Martyna works primarily with organizations in the AAAHC Corporate Quality Alliance. That is, corporate clients that own or manage multiple surgical organizations.

In her off hours, Martyna is an avid reader, most recently Tracy Kidder's, *Mountains beyond Mountains,* about Dr. Paul Farmer's quest to bring health care to those with little access. This kind of inspirational storytelling is strengthening the pull of graduate school, but as with her undergraduate career, Martyna is holding back to make a thoughtful choice.

"It might be public health or I might become a practitioner," she said. Either way, we know she'll be helping the world, one person at a time. ▲

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AAAHC by the numbers

255 The final count of attendees at March 2015 *Achieving Accreditation.*

The miles traveled **1,711** (one way!) by the March *Achieving Accreditation* registrant farthest from home (Bogota, Columbia).

79 Surveyors who completed re-training exercises in March.

70° The daily high temperature predicted during *Achieving Accreditation* in San Diego, June 12-13.

The number of health care-related bills introduced in state legislatures from January-March 2015. **3,600**

20 The number of States visited by the most prolific surveyor in 2014.

The number of AAAHC executive leaders: **4**

Ronald S. Moen, Sr, (1979-1990)

Christopher A. Damon (1990-1997)

John E. Burke, PhD (1997-2015)

Stephen A. Martin, PhD, MPH (2015 -

Time is running out to download your free 2015 *Handbook*.
The codes e-mailed to accredited organizations expire June 1. **Use it or lose it!**

AAAHC
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