



triangletimes

Volume 7 | Issue 3 | Fall 2020

Kershner Awards Announced at September Achieving Accreditation

Since 2004, an expert panel of the AAAHC Institute has recognized examples of outstanding quality improvement (QI) methodology and outcomes with the *Bernard A. Kershner Innovations in Quality Improvement Award*, annually. While the pandemic caused a delay this year, we are pleased to announce that at the inaugural virtual *Achieving Accreditation* program, held this past September, recipients of the award were finally revealed for the two categories, surgical/procedural and primary care.

And the winners are...

In the surgical/procedural category, the Kershner was awarded to the Surgery Center of Fairfield County, CT for the study, "Sharps and Bio-Medical Waste Disposal at Surgery Center of Fairfield County: Improving Environmental Impact and Cost."



The Surgery Center of Fairfield County, represented by Joyce Kaine, RN, was awarded both the Kershner and the People's Choice Awards.

For the primary care setting, Nemours Children's Primary Care, Orlando, FL, received the Kershner for "Increasing Measles Vaccination Rates in At Risk Populations."



David Zissman JD, MBA, CHFP, on behalf of Nemours Children's Primary Care, received the Kershner.

Please take the opportunity to learn from these exemplary QI studies by reading more about the expert panel winners' submissions on page 3 of this issue. To review the six 2019–2020 finalists' posters, please visit aaahc.org/quality/2019-2020-innovations-winners-finalists/.

Background on the Bernie's

The award is named for a past AAAHC Board member (1991–2001), AAAHC Board president (1995–1997), and founding Chair of the Board of the AAAHC Institute (1999–2010), Bernard A. Kershner. Throughout his career, Mr. Kershner made it a priority to continually underscore the importance of quality improvement. In recognition of his advocacy for patient safety and quality, the AAAHC Institute named its award for him in 2004. ▲

2020–21 Kershner Award submissions extended until December 15. Visit Quality at aaahc.org for details.



Leadership Message

Noel M. Adachi, president and CEO of AAAHC

It has been just over 8 months since our world changed dramatically. All of us have been deeply, personally, and professionally impacted by the COVID-19 pandemic. We've had to be flexible and adapt, and deal with uncertainty *on a daily basis*.

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One on One with the CEO and Board Chair

As our inaugural virtual *Achieving Accreditation* wrapped up in September, Dr. Ira Cheifetz, 2020 Chair of the AAAHC Board of Directors, and President and CEO of AAAHC, Noel M. Adachi, MBA had some time to sit down and discuss a number of important issues spanning diverse threads of accreditation and ambulatory care. Here are some of the highlights.

NA: Dr. Cheifetz, you've been a surveyor for nearly 9 years. What drove you to this role?

IC: As a surgeon by training, I try not to leave anything to chance and always look to plan ahead. As I was approaching my 30th year in practice, I began to think about how I would keep busy during retirement. I had some parameters: I wanted something in the health care field; I wanted to continue to learn; I wanted to help other healthcare workers; I wanted some time flexibility. I had a few years until retirement so I had the opportunity to look around. All things considered, becoming a surveyor in the outpatient space fit all the above desires. As it turns out, the decision was correct, and it is something I continue to enjoy.

NA: You had a busy practice. How did you find the time to also do surveys?

IC: When we have a desire to participate, to give back, to try to offer solutions instead of complaining about issues, we just find a way. And I found a way.

I did have a busy practice, but that had never stopped me from participating in the arenas that I wanted to be involved in. During my private practice years, I held officer positions in my local dental society and in the state oral and maxillofacial surgery society. At the same time, I became involved in the American Association of Oral & Maxillofacial Surgeons (AAOMS) as a member and President of the association.

Similarly, I found the time to serve as a surveyor, participate in the committee structure of AAAHC, and then sit on the Board and become Chair—because I wanted to contribute to the improved delivery of health care in the ambulatory community.

NA: Throughout the conference, several of our faculty commented on AAAHC's approach to the onsite survey. What's your perspective?

IC: AAAHC provides clients a lot of guidance through the application process to ensure they are ready for the onsite survey. The onsite survey is essentially an open book review—there shouldn't be any surprises.

Routinely, all AAAHC surveyors attend annual training to keep our knowledge sharp on new standards and appropriate application in different settings. We also get coaching on the importance of taking an educational, consultative approach to how we conduct the onsite survey.

But consultative and educational doesn't mean easy. Our surveys are comprehensive, constructive, and rigorous, and in this way we are making good use of your time and bringing real value to your quality improvement efforts.

If you don't learn something from your surveyor through this process, ask them more questions!

NA: Dr. Cheifetz, you've been working with the AAAHC Standards for years and you've also participated on the Standards Development Committee. Unless where absolutely necessary and appropriate, AAAHC Standards are not prescriptive. How does that work in the survey?

IC: There are lots of ways to get things done...different settings, patient populations, equipment, practices. The key is to meet the intent of the Standard...

That's partially why I enjoy conducting surveys. It's really interesting to learn new solutions to old, new and different problems.

NA: Regarding our surveyors, I've seen a few questions mentioning AAAHC expectations for providing PPE and what we are doing to keep our facilities and surveyors safe. Would you like to address this point?

IC: Prior to all surveys, the AAAHC Schedulers and Account Managers are contacting facilities to confirm that they are back in operation and up to service consistent with their application, and we inquire about their COVID-19 status. This information is shared with our surveyors.

Similarly, our Surveyors are regularly assessing their health and risk situation. We are abiding by serious precautions in our travels and while onsite with you. And we expect each facility to provide the necessary PPE that you would provide any employee or contractor within your facility—gowns, masks, gloves.

This is nothing new. We've always requested gowns, masks and gloves prior to observing a procedure—but now we are expecting it upon arrival. This is a serious and reasonable expectation.

IC: Now I'm going to ask you a question, Noel. Occasionally, when I'm on a survey, a client asks me how they can become a surveyor? Are we opening recruitment?

NA: In the near future, we will be opening recruitment for new surveyors. We are currently conducting an analysis of our surveyor talent portfolio and where we need to strengthen our cadre. Primary Care, Student health, GI or Ortho...we are looking for the growth areas in the market and ensuring that our surveyor team has the strength and specialty expertise to match. Stay tuned for details.

Thank you, Dr. Cheifetz. On behalf of AAAHC, we are looking ahead to better times, a successful, expeditious and safe vaccine, and *FACING THE FUTURE TOGETHER...* **1095 STRONG! ▲**

Leadership Message *continued from page 1*

Like many of you, in mid-March, AAAHC dramatically shifted our processes in response to the COVID-19 pandemic. We moved to a remote work structure, postponed or canceled hundreds of accreditation surveys, and dramatically increased our communication with our accredited organizations through webinars, our website, and email communications.

With more than 40 years delivering accreditation and education to the ambulatory community, I am proud to share with you that AAAHC is resilient and built on a solid foundation.

As AAAHC navigates through this crisis, our commitment to improving quality through accreditation remains steadfast. In today's environment, this means we are strengthening our focus on:

- Monitoring changes in regulations and executive orders at the national and local level. We want to understand what you are facing and how we can best support your quality improvement efforts.

- Developing new tools and adapting existing resources to help you maintain compliance with evolving rules and other limitations. Our move to a virtual platform for the September and upcoming December *Achieving Accreditation* programs is one example of this transition.
- Doing all we can with our surveyor teams to ensure we deliver on our commitments to you, to schedule a safe, thorough onsite survey and complementing these efforts with more value to accelerate and bolster your quality improvement efforts.
- Increasing our collaboration and partnership with our accredited organizations because we believe that we share a mutual goal—to ensure quality care is delivered to patients and to provide a safe environment for your employees.

We do not know what the future will hold. However, we do know that the need for ensuring quality patient care has never been more important. ▲

Surgical/Procedural Winner

Surgery Center of Fairfield County

submitted by Joyce Kaine, RN

Surgery Center of Fairfield County opened in 1985 and is a licensed AAAHC-accredited ambulatory surgery center in Trumbull, CT. The facility has 4 operating rooms, 2 procedure rooms, 8 pre-op bays and 15 PACU bays. Being a busy multispecialty surgery center with majority of cases being orthopedic including performing total joint replacements, we perform over 4,000 cases a year.

The Study

The study examined the use of standard sharps containers and bio-medical waste in an attempt to decrease cost and environmental impact. To determine whether sharps containers and bio-medical waste were used appropriately, we studied what was placed into sharps containers and bio-medical waste bags in our operating and recovery rooms.

Initial results showed some deficiencies in what was being disposed in the two areas. An in-service for the staff demonstrating proper disposal of medications, sharps and bio-medical waste was performed using a PowerPoint presentation and handouts. Upon re-measurement, data collected indicated there was a **43.4% reduction in sharps and biomedical** waste generated from the facility, exceeding our goal of a 25% reduction. ▲

Primary Care Winner

Nemours Children's Primary Care

submitted by David Zissman, JD, MBA, CHFP

Nemours began more than 70 years ago with the vision of Alfred I. duPont to improve the lives of children and to do whatever it takes to prevent and treat even the most disabling childhood conditions. Today, through our children's hospitals and health system, we directly care for 250,000 children annually, including families who travel from across the country and world to see our specialists—treating each child as we would our own.

The Study

2019 had the largest measles outbreak since 1992. Our challenge was multifaceted. We needed a way to identify the population most in need and most likely to receive the measles vaccine.

The goal of our QI effort was to increase the measles vaccination compliance rate among children 3–18 by 2.5% within a two-month time frame. At the end of the project, we were able to **successfully vaccinate 7.27% of the patients** we reached out to.

After the project was culminated, the opportunity to align our EMR with the Florida Shots data occurred. To date, an additional 100,000 vaccines have been entered into our EMR which will allow future vaccine projects to be conducted in a significantly more efficient manner. ▲



New this Fall: Medication Management Webinars

Join AAAHC for a three-part webinar series on medication management. The webinars cover:

- Allergy Documentation
- Medication Reconciliation
- Pain Management

We recommend these webinars for organizations in both the primary care and surgical settings (including Medicare Deemed Status and non MDS). Attendees will learn the most common deficiencies for AAAHC Standards pertaining to medication management practices and how to avoid them. Additionally, our faculty will present case scenarios for illustration.

Plan to join us for one or more of these in-depth, informative presentations by acclaimed AAAHC surveyors, Board and Committee members.

To register, please visit aaahc.org/learn. ▲

COVID-19 Risk Prevention Guideline Recommendations:

Emergency Preparedness and Advanced Planning

The global pandemic presents important compliance implications for health care facilities. There is a heightened need for a robust emergency preparedness plan and up-to-date infection control policies. Amidst ongoing concerns regarding safe and effective patient management—particularly for the most vulnerable and those at greatest risk—AAAHC recognizes that we must all work together to provide the highest quality of care in a safe environment. Here are three things you can do to better position your facility during this time.

1. Complete a hazard vulnerability analysis (HVA)

The HVA provides a systematic approach to identifying and prioritizing hazards. The California Association of Healthcare Facilities provides links to a number of HVAs along with examples of emergency operations plans that are available as resources.

2. Review revised guidelines for COVID-19 and update infection control policies

The Centers for Disease Control and Prevention (CDC) continuously updates clinical guidelines and recommendations concerning COVID-19. Hand hygiene, patient screening and personal protective equipment (PPE) are essential for effective COVID-19 control.

3. Review your vaccination policies

Due to the nature of their work, health care workers can be at heightened risk of exposure to vaccine-preventable diseases and possible transmission to other health care workers, patients, and their families. In response to COVID-19, the CDC has updated their website with interim guidance for immunization services during the COVID-19 pandemic. Additionally,

the AAAHC Standards require facilities to offer an immunization program to all staff. Your program should include vaccinations for infectious agents of risk as indicated by your infection prevention risk assessment. ▲

CALENDAR November–December

1095 Learn Recorded Webinars Medication Management Series

- Allergy Documentation
- Medication Reconciliation
- Pain Management

Virtual Conference December 7–10 Achieving Accreditation

Please visit learn.aaahc.org for up-to-date listings of currently available, education, eLearning, and webinar opportunities.