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Kershner Honored, Winners Announced

The Accreditation Association for Ambulatory Health Care (AAAHC) hosted a virtual award ceremony to announce the recipients of the 2020–2021 *Bernard A. Kershner Innovations in Quality Improvement Awards*.

The ceremony also paid tribute to the late Bernard A. Kershner for whom the award is named. Bernie Kershner, a leader in ambulatory health care and a distinguished past chair of the AAAHC Institute Board of Trustees, sought to recognize AAAHC-accredited organizations that successfully implemented meaningful changes in their operations to boost quality of care, patient safety, and overall efficiency through quality improvement (QI). This prestigious award program validates the boost in quality of care, patient safety, and overall efficiency through quality improvement.

Belle Lerner, director, Research & Institute for Quality Improvement, presented a sneak peek of the 2021 AAAHC *Quality Roadmap*, the annual report which examines

accredited organization compliance ratings for AAAHC Standards based on 2020 onsite surveys. The report, included with this issue of *Triangle Times*, provides comparative data across ambulatory health care settings.

2021 Kershner Winners

Medical City Surgery Center, Las Colinas received the prize for the surgical/procedural category. Their study, “Email Capture of Patient Population,” increased the number of collected patient email addresses to ensure an adequate sample size for monthly patient experience surveys.

Purdue University Student Health Center won the award for primary care with its submission, “Immunization Error Quality Improvement Study.” Following a more than two-year QI study, the health center took steps to reduce errors in vaccine administration and documentation.

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Leadership Message



Noel M. Adachi
President & CEO
of AAAHC

As we turn the corner on this pandemic, my thoughts turn to your organization’s dedication to quality improvement while embracing a new steady state.

Recently, I had the opportunity to observe a two-day onsite survey of a multisite dental practice in Minnesota. AAAHC surveyors, Katie Appleberry, RN and Ira Cheifetz, DMD conducted a thorough onsite of five dental facilities. This survey was noticeably different from my prior experiences. I was able to directly see how health care teams rallied to build and modify solutions that ensure that they can continue to deliver safe, quality patient care. Yes, the pandemic threw us a few curve balls requiring changes in how we schedule appointments, greet and screen our patients, maneuver around masks and social distancing, and manage staff shortages. Yet compliance with AAAHC Standards continues to be foundational to ensuring good, safe patient care. And it’s inspiring and reassuring to me that the professional and administrative staff in AAAHC accredited facilities are hungry for the experience and expertise our surveyors deliver.

Accreditation is not a “one and done” accomplishment—it is a pursuit of continuous improvement and requires a passion for learning. AAAHC surveyors and our headquarters staff share this passion. While the pandemic initially slowed us down,

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In Their Own Words: Kershner Winners Discuss QI, the Value of Accreditation

Our winning study participants discuss their organizations' study details, importance of ongoing quality improvement, and staying *1095 Strong, quality every day*.



Karla M. Sigo, MS, BSN, RN and Jamie L. Jackson, RN

Purdue University Student Health Center prepared by Karla M. Sigo, MS, BSN, RN, Assistant Director of Nursing/Quality Coordinator

Purdue University Student Health Center serves as the primary health care provider to university college students and spouses and serves approximately 50,000 patients annually.

We identified a need for a quality improvement study to reduce documentation and medication errors in our immunization department. Results of initial data collection showed a higher than desired error rate so, we set a goal to reduce the error rate by half. After implementing corrective actions such as staff awareness, education, updates to medical record templates, and chart auditing, we reduced the error rate by 74%! We extended the study through periods of increased patient volume to validate the process. In the end, we reached a significant improvement by decreasing the average monthly error to 0.06%.

There are so many benefits of going through the QI process and our recommendation for other organizations is to embrace and not be afraid to discuss and highlight process errors. The only way to improve is to identify, acknowledge, and discuss errors with the goal of future improvements.

We find that accreditation is always pushing us to strive to the next level as we know that quality care does not stop with one quality improvement project. It is always evolving and growing. AAAHC supports and encourages that even though you are great today, there is still opportunity to be better tomorrow!



Karene Humelsine, RN and Laura Boring, BSN, RN

Medical City Surgery Center, Las Colinas prepared by Karene Humelsine, RN, Clinical Director

Medical City Surgery Center Las Colinas, located in Irving, Texas in the Dallas/Fort Worth Metroplex, has provided quality surgical care to thousands of patients since 1994. The multispecialty ambulatory surgery center has three surgical suites and two procedure rooms.

The study focused on improving our facility's ability to evaluate the care delivered at the center. To achieve this, it was imperative to ensure our center was collecting patient email addresses for all patients scheduled for procedures. Initial reports were generated on patient email capture rates which showed the center was collecting only 33.99% of patients' email addresses.

A performance goal of 75% email capture was set. Processes for email collection were reviewed, gaps in the process were identified, and action planning was implemented. The center was then able to achieve a patient email capture rate of 87.69%, exceeding the stated goal and demonstrated its ability to sustain this goal over the next months as well.

Quality Improvement at the center is an on-going process and takes an "all hands on deck" approach. Center leadership, the Quality/Risk Manager, and both clinical and non-clinical employees are active in our quality program.

Our center firmly believes that achievement of AAAHC accreditation identifies our facility's commitment to the delivery of safe, effective, and exemplary patient care. ▲

PoCs Add Value to All Organizations

Did you know? When deficiencies are cited during a survey, organizations must implement corrections in a timely manner.

A Plan of Correction (PoC) is required by AAAHC and CMS for any deficiency cited on a Medicare Deemed Status survey. A request for this will be emailed to the survey contact within 10 business days following the last day of survey along with a toolkit to assist in developing and completing the PoC. An ASC is required to submit the PoC to AAAHC no later than 10 calendar days after receipt of request.

While AAAHC does not currently require Non-Deemed Ambulatory organizations to submit a PoC to AAAHC prior to receiving a decision, the *Accreditation Handbook for Ambulatory Health Care* policy requires that “the organization’s corrective actions should be documented and this documentation made available upon request by AAAHC and during subsequent surveys.”

All organizations are required to do a PoC to address deficiencies identified by the onsite surveyor. The value of a PoC includes:

- Reduce and/or mitigate risk
- Opportunity to teach staff
- Organized focus on continuous improvement
- Potential QI study in the making
- Better patient care

Elements of PoC:

- 1. Corrective Action** — Description of actions that will be taken to correct the deficiency and achieve compliance.
- 2. Responsible Party** — Title of a specific person, committee, or party that will be responsible for ensuring the integrity of the corrective action and monitoring activity.
- 3. Correction Date** — Date that the corrective actions will be completed. Corrective actions must be completed within 30 days of the PoC request.
- 4. Monitoring Activity** — Activity that will be performed going forward to ensure the continued integrity of the corrective action.
- 5. Supporting Documentation/Evidence of Correction** — Required to be uploaded for each cited deficiency. This may be sent in the form of drafted policies, in-service records, photographs, work orders, service contracts, bids/proposals, etc.

Once the PoC has been completed and submitted, the corrective action must be monitored. Monitoring activities should be specific and ongoing. For example, surveillance of expired medications by the clinical director will be conducted monthly to ensure compliance. All medications will be reviewed for expiration, with a log completed for compliance. If deficiencies are found, the ASC will take corrective action.

When formulating a monitoring activity, it is important to note that it must be a specific action and it must be ongoing (usually includes time markers such as daily, weekly, quarterly, annually, etc.).

Deficiencies may result in changes to one or more of your organization’s policies. Consider how to address new policy and training of all staff members in your PoC. You may also want to incorporate your PoC deficiencies into a quality improvement study.

AAAHC cannot move forward to the next step in the process without a complete PoC, so it is important to make sure all required elements are included before submitting. Importantly, an accreditation decision cannot be rendered without a complete PoC. An account manager will review to ensure completeness and contact the ASC if anything is missing.

For initial surveys, it is important to get the PoC back to AAAHC as soon as possible, since the receipt date of a complete, acceptable PoC is the earliest effective date for Medicare certification.

If the organization is unable to make a correction, a waiver may be requested for an organization currently in the AAAHC/ Medicare Deemed Status program. Approval of the waiver is at the discretion of the CMS Regional Office. If a waiver request is not approved, the organization must complete the PoC.

Have more questions about PoC and how it applies to your organization? Join us Aug 5 for our informative webinar, Developing an Effective PoC, where you can ask questions from our faculty experts and get the answers you need.

To register for the PoC webinar, please visit www.aaahc.org/PoC/. ▲

Achieving Accreditation

- **Sep 13–15, 2021**
Virtual conference
- **Dec 3–4, 2021**
Las Vegas, NV

1095 Learn Live Webinars

Survey Readiness Series

- **Jul 21**—Perform Your Peer Review
- **Jul 29**—Complete Your Mock Survey
- **Aug 5**—Develop an Effective PoC
- **Oct 20**—Life Safety Code

1095 Learn OnDemand

- Examine 2021 AAAHC
Quality Roadmap Findings
Recorded Webinar
- How to Write Effective Policies
and Procedures eLearning
- EOS Client Module
- LSC Essentials Module 1 and 2
Available **Oct 7**

Stay tuned!

For information about all our programs including *Achieving Accreditation*, please visit www.aaahc.org/accelerated-readiness.

Kershner Honored, Winners Announced

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In addition to the Kershner winners, Outpatient Surgical Services won the People's Choice in surgical/procedural and the Purdue University Student Health Center won the distinction for primary care.

This year, AAAHC awarded a special recognition to Winslow Indian Health Care Center for its study, "Prevention of Crowding During COVID-19 Pandemic." The study determined additional approaches to comply with COVID-19 guidelines as visit volumes began to increase for routine medical services.

To view the study posters, please visit www.aaahc.org/quality-institute/kershner-qi-award/. ▲

Leadership Message *continued from page 1*

since last June, our surveyors embraced a full-steam-ahead approach to meet our client needs. I look forward to observing more surveys in the coming months to gain valuable insight from our participating organizations.

In mid-June, for the first time in more than 14 months, I enjoyed an in person meeting with my management team to begin the process of laying the tracks for our next multi-year planning cycle. While we accomplished a lot during the past 1½ years through hard work and endless virtual/video calls, the pandemic has taken its toll—and I am so glad that we are finally coming out on the other side of this tragedy. The enthusiasm I felt in the room, the catch-up conversations that would normally happen over lunch or passing in the hallway, the learning that naturally occurs through apprenticeship and camaraderie, the brainstorming that just doesn't work well over a conference call—these critically important interactions have been sorely missed and underscore the value of community, real interaction, and simply being together. On this note, I am looking forward to seeing many of you during our in person *Achieving Accreditation* program scheduled for December 3–4 in Las Vegas, NV! (But don't worry, for those of you who prefer the virtual option, the September 13–15 virtual program will integrate the same valuable content.)

During the past year, the AAAHC team doubled down on our commitment to *1095 Strong* and accelerated development of our virtual learning portfolio. This silver lining from the pandemic allowed for a reimagined approach on how to blend learning platforms (in person, webinar, eLearning), while bringing more value to you in our *Achieving Accreditation* programs. We modernized our website—and transformed the entire process of how we deliver updated, easy to find, relevant information. Purchasing AAAHC Standards handbooks, toolkits, and benchmarking studies is now more intuitive and convenient with our new shopping cart feature. And we heightened focus on infection prevention and control with our newly released *2021 AAAHC Quality Roadmap*.

We continue to engage in the development of our new Accreditation Management System (AMS). Our goal is to deliver the functionality necessary to meet your needs throughout your accreditation cycle. Today, we are on track for a late Q1 2022 system launch. As we head toward the second half of the year, stay tuned for more details on new functionality and the transition process.

We've turned the corner and emerged more nimble and stronger than ever—and more committed to ensuring that our accredited organizations and those seeking accreditation for the first time have the resources you need to integrate quality into the fabric of your operation all 1,095 days of the accreditation term. Together we will face the future, *1095 Strong, quality every day*.