Kershner award winners announced

Each year at the March Achieving Accreditation conference, an expert panel of the AAAHC Institute recognizes examples of outstanding QI methodology and outcomes with the Bernard A. Kershner Award for Innovation in Quality Improvement Award (The Bernie’s). Submissions are made in two categories: surgical/procedural and primary care settings. Additionally, attendees at Achieving Accreditation have the opportunity to cast a vote, based on their health care setting, for a People’s Choice award. And the winners are:

SURGICAL/PROCEDURAL
The Bernie was awarded to the CSA Surgical Center, LLC in Columbia, MO for the study, “Post-Operative Pain Reduction Quality Study. Pre-Operative Administration of Acetaminophen.”

The Knoxville Ophthalmology ASC won the People’s Choice award for “Single Dose Anesthesia Medications: Correction Administration and Narcotic Documentation.”

PRIMARY CARE AWARD
The Bernie was awarded to American Dental Partners/ForwardDental, for the submission, “Caries Risk Assessment Quality Improvement Study.”

The People’s Choice went to Lac Courte Oreilles Community Health Center for the study, “Retinopathy Exams for Diabetic Patients.”

Please take this opportunity to learn from these exemplary QI studies. You may view the expert panel surgical care and primary care winners’ submissions and facility profiles on pages 2 and 3 of this issue.

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 where he served from 1999-2010. Throughout his career, Bernard A. Kershner made it a priority to continually underscore the importance of quality improvement. He described establishing procedures in his own freestanding centers as “far above what could possibly be required of a health facility—I wanted not only to be beyond reproach but also to raise the bar for professional competency at every level of the organizations.” In recognition of his advocacy for patient safety and quality, the AAAHC Institute named its award for him in 2004.

DO YOU HAVE A QI STUDY WORTHY OF SUBMISSION TO THE 2019-2020 INNOVATIONS AWARD PROGRAM?
Have you recently completed a QI study that you are proud of and includes all the 10 Elements as outlined in Standard 5.I.C.7? If “yes,” consider submitting it for the 2019-20 Innovations Award program. Submissions are open. Please check the AAAHC website for further details.


The Bernie was awarded to American Dental Partners/ForwardDental with AAAHC Board Chair Dr. Arnaldo Valedon.


Message from the President & CEO

Issued in November 1999 by the Institute of Medicine (IOM), To Err Is Human asserts that the problem is not bad people in health care—it is that good people are working in bad systems that need to be made safer. The IOM Committee recognized that simply calling on individuals to improve safety would be as misguided as blaming individuals for specific errors. Health care professionals have customarily viewed errors as a sign of an individual’s incompetence or recklessness. As a result, rather than learning from such events and using information to improve safety and prevent new events, health care professionals are reluctant to admit adverse events or “near misses”, often because they fear management repercussions. While more than a decade old, the objective of the IOM message is worth repeating—regularly.

And, while primarily focused on hospitals, the IOM message is just as relevant to the ambulatory care environment. It is our responsibility to ensure that we are employing continuous quality improvement to address procedural problems before errors result in harm to patients or facility employees and contractors. Continuous quality improvement (CQI) is a quality management philosophy that encourages all team members, including your governing board, employees and contractors, to continuously ask what can be done better in my facility and through my services. CQI builds on existing quality management approaches that have become very common in healthcare—TQM, Lean, and Six Sigma, but are often ineffectively implemented. Combined, these principles emphasize that internal and external customer satisfaction—and in this case, patients—is paramount, and that problems are caused by processes, not people. Effective implementation requires a systematic approach where internal and external data drives the search and identification of problems and improvement solutions.

Continuous quality improvement is at the core of the AAAHC Accreditation and Certification programs. It is the connecting thread that carries an organization throughout the 1,095 days of the accreditation or certification cycle—quality every day. As outlined in Chapter 5 of the AAAHC Accreditation program Standards, “in striving to improve the quality of care and to promote more effective and efficient use of facilities and services, an accredited organization maintains a quality management and improvement program that links peer review, quality improvement activities, infection prevention and safety, and risk management in an organized, systematic way.” The intent of this chapter and as evident throughout all our accreditation and certification Standards is the involvement of both administrative and clinical personnel in quality management and improvement activities of the organization. Through ensuring ongoing compliance with AAAHC Standards, an organization can better understand and improve underlying work processes and systems versus the traditional quality assurance emphasis on correcting after-the-fact errors of individuals.

And the effort is worth it not only for patients, but also for day-to-day operations. CQI offers lots of benefits to organizations including:

• Team member accountability
• Creativity and solution creation including identifying opportunities for additional programs and services
• Heightened team member morale
• Improved processes, information management, and documentation
• Greater adaptability to changes
• Tools and methods to monitor program effectiveness

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**THE ORGANIZATION:** CSA Surgical Center opened in 2014 and is a (name and AAAHC-accredited) ambulatory surgery center in Columbia, Missouri. The facility has two operating rooms with four pre-operative and four PACU bays. We are a majority physician-owned NueHealth facility and currently specialize in general and vascular surgery, performing 1,800 cases/year.

**THE STUDY:** This study focused on an intervention to improve the immediate post-operative pain management of laparoscopic cholecystectomy patients. Narcotic administration in the recovery room seemed to increase the likelihood of persistent nausea, which has a less than desired effect on managing existing post-operative pain, and may increase patient length of stay in this population.

CSA studied the effects of administering cost-effective PO Tylenol to patients pre-operatively by monitoring post-operative pain management interventions and length of stay in the recovery room compared to a cohort population. For the group receiving PO Tylenol pre-operatively, the study found the following:

Extended length of stay (≤ 2 hours) due to pain was reduced by 19% and eliminated during the re-measurement period.

The need to administer a narcotic in the recovery room was reduced by 14% and was noted at 12% during the re-measurement period.

The number of patients requiring 3 or more narcotic interventions in the recovery room was eliminated in the initial study and during the re-measurement period.

**GOALS**

- To evaluate the impact of pre-operative PO acetaminophen on narcotic usage, post-operative pain, nausea, and vomiting.
- To determine if the administration of acetaminophen pre-operatively would improve patient satisfaction with narcotic usage and post-operative pain.

**DATA COLLECTION**

Data Collectors: Peri-operative nurses
Source of the Data: Patient charts, patient self-report of pain

Length of Data-Collection: A time frame of one year was chosen to ensure appropriate sample size to support data. The project encompassed data from January 1, 2016, to December 31, 2016.

**DATA**

The data obtained included the total number of patients undergoing Laparoscopic Cholecystectomy during 2016 with six months of data prior to implementation of the project and six months of data after implementation of the project.

**DATA ANALYSIS**

**Length of Stay**

- **During the 6-month period prior to implementation:**
  - 46% (32/70) of patients had a length of stay in PACU greater than 2 hours
  - 26% (18/70) of extended stays (PACU) were related to pain

- **During the 6-month period after implementation:**
  - 42% (30/70) of patients had a length of stay lasting more than two hours
  - 7% (5/70) of patients had lengths of stay longer than 2 hours without pain

**Narcotic Usage**

- **During the 6-month period prior to implementation:**
  - 76.5% (62/82) of patients required zero narcotic pain medication in PACU

- **During the 6-month period after implementation:**
  - 25.3% (21/82) of patients required narcotic pain medication in PACU

**Follow-Up**

Following the implementation of the project, the QAPI committee determined the findings represented a sustained significant improvement in overall pain control management in this population. No changes were recommended to the previously adopted protocol for pre-operative acetaminophen administration.

**COMMUNICATION FINDINGS**

- The project was presented to the QAPI Committee on January 17, 2017, and approved by the board of managers on January 25, 2017.
- The results of the study were shared widely with the medical staff and their practice staff. In addition to internal communication, results were also shared with community through social media outlets and facility websites.

**REFERENCES**

THE ORGANIZATION: Comprised of over 80 general dentists and specialists, 140 dental hygienists, and 65,000 patients, ForwardDental is a Wisconsin-based, dental group practice. Clinical teams live in the communities they serve, providing a singular focus on therapeutic relationships and the needs, preferences, and values of patients. ForwardDental has been in operation for over three decades and has been accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) for over two decades. The facility offers a wide range of oral health services including general dentistry, orthodontics/braces, oral surgery, periodontics, and cosmetic and pediatric dentistry.

THE STUDY: Due to the increased caries risk assessment for children ages 0-17, a diverse, cross-functional team convened to develop, implement, and integrate a caries risk assessment registry. The Quality Assurance Council and governing clinical leadership reviewed, vetted, and authorized the mission, strategy, policies, objectives, and caries risk assessment instrument. Study procedures were designed with AAAHC quality improvement guidelines and Standards for Quality Improvement Reporting Excellence (SQUIRE). Group leadership, doctors, and practice locations review a monthly, quarterly, semi-annual, and annual dashboard comprised of quality indicators, including the percentage of children risk-assessed. The communication and study processes were designed to foster patient and provider engagement, shared decision making and healing relationships which promote well-being. Based on the data collected, share risk assessment increased over 30% in the two initiating practice locations. At the end of the study, 4,235 children had been entered in the registry.

APPROACH TO QI: At ForwardDental, quality improvement is designed to create an environment that fosters culture, comment, and active participation from all team members. Continuous improvement is sought by assessment, development, and implementation of redesigned, reengineered processes for front-line practices. Organizational functions and systems are the beneficiaries of improvement activities. Topics for QI studies are identified by individuals at all levels of the organization: clinical, administrative, and cross-functional roles. Governance directs the quality management and improvement program. Studies must align with the organizational mission, vision, and core values which are embedded in the needs, preferences, and values of the community of patients served.

Element 1: Purpose

PURPOSE: Develop and implement caries risk assessment instrument to improve patient care.

Supporting purpose: Develop and implement recording and tracking mechanism to facilitate assurance of quality improvement.

Background: Caries risk assessment is the most critical clinical decision among our patient population. The clinical decision rule is a critical component of quality improvement.

Instrument: Caries Risk Assessment Registry (CRAR)

Element 2: Performance Goal

PERFORMANCE GOAL(S):

- 100% of children ages 0-17 at ForwardDental practice sites are caries risk assessed (CRA) at comprehensive examination. (CRAR) (AAHC Quality Improvement Measure 10)
- 75% of children ages 0-17 at ForwardDental practice sites are caries risk assessed (CRA) at comprehensive examination (AAHC Quality Improvement Measure 8)

Element 3: Data Collection Plan

Data collection and analysis plan to improve performance.

Data Source: EHR, CRAR database.

Data Elements:

- Patient demographics
- Medical history
- Behavioral risk assessment
- Oral health indicators
- Biomarkers
- Patient satisfaction
- Treatment outcomes

Data Analytics:

- Caries prevalence
- Treatment effectiveness
- Patient satisfaction
- Financial analysis

Element 4: Data Analysis

- Caries prevalence analysis
- Treatment effectiveness analysis
- Patient satisfaction analysis
- Financial analysis

Element 5: Evaluation of Data/Information

- Data accuracy and completeness
- Data consistency and reliability
- Data relevance and usefulness
- Data timeliness and accessibility

Element 6: Comparative Outcome Performance Goal

Comparative outcomes to establish best practices.

Outcomes Goal:

- 100% of children ages 0-17 at ForwardDental practice sites are caries risk assessed (CRA) at comprehensive examination. (CRAR) (AAHC Quality Improvement Measure 10)
- 75% of children ages 0-17 at ForwardDental practice sites are caries risk assessed (CRA) at comprehensive examination (AAHC Quality Improvement Measure 8)

We would also like to thank:

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AAAHC Celebrates 40 Years

On March 22, 1979, AAAHC was founded largely to address a gap in ambulatory health care quality assurance with the mission to improve patient care through accreditation. AAAHC has spent the last 40 years reaching further and thinking ahead in order to move the needle and drive improvement in health care quality and patient safety. Today, AAAHC is the leader in ambulatory health care accreditation with more than 6,100 organizations accredited. We would like to share with you insights about the value of AAAHC Accreditation from two of our longest-standing accredited organizations.

Colleen M. Jahnel, director of Quality Assurance, Compliance, and Health Information from Boynton Health, said, “Boynton Health at the University of Minnesota recently received its three-year reaccreditation from AAAHC following an onsite site survey in May 2019. This reaccreditation continues Boynton Health’s long-standing commitment to the accreditation process. Boynton Health has been accredited by AAAHC since 1979—the year AAAHC was founded. Having worked at Boynton Health during all but the very first accreditation site visit, I have come to realize the benefit of being accredited. I believe choosing to undergo an optional accreditation, reflects a health care facility’s dedication and commitment to meeting standards that demonstrate a higher level of performance and patient care.

“As Boynton Health we use the AAAHC standards and associated required written policies and procedures to set a framework for standing committees to create their annual work plan. The work plan is presented to the Executive Leadership team (governing body) for review. During this review, goals are set for the committee and potential topics for quality improvement studies are addressed.

“If we have sufficiently incorporated the AAAHC Standards into our ongoing operations and have engaged staff in the process, an upcoming reaccreditation site visit should not strike fear in the hearts of our health care facility employees. The consultative nature of the AAAHC surveyors and the fact that surveyors are often from a similar health care setting, such as college health, makes for a collaborative experience.”

Northwest Surgicare, Ltd. was first awarded AAAHC Accreditation in October of 1979. “In our ever-changing industry, we here at Northwest Surgicare in Arlington Heights, Illinois value the stamp of approval from AAAHC,” said Brent Fitzgerald, CEO of the facility. “As we continue to strive toward excellence in service and great outcomes the standards set by and encouraged by AAAHC have been immeasurable. We stand for integrity of service and appreciate our 40-year relationship.”

As AAAHC celebrates 40 years of advancing the standard of ambulatory health care and looks ahead to the increasing value we will provide to our accredited organizations, we want to thank all of our accredited organizations for the trust you have placed in AAAHC. Your commitment to quality and patient safety promotes our mission and the delivery of 1095 Strong, quality every day. Together we will drive the change and strengthen the future of health care.

Introducing 1095 Learn

The AAAHC is pleased to introduce our newly launched learning management system (LMS), 1095 Learn, a product of our 1095 Strong, quality every day philosophy. The rollout of our LMS supports 1095 Strong, a call to action spearheaded by AAAHC to equip ambulatory leaders with the best of what they need to operationalize quality practices. 1095 Learn provides AAAHC-accredited organizations with the best resources to customize quality practices and ongoing engagement throughout all. 1,095 days of the accreditation or certification cycle. Health care providers will have access to education opportunities such as eLearning, webinars, and workshops that will provide value and empower you and your facilities to continually improve quality.

To register, go to learn.aaahc.org. Choose a course you are interested in and follow the purchasing process to sign up a new user account and register for a course. You do not need to provide any credit card information if you choose a free course. For further clarification on the process, please read “How do I create a new user account?” in the FAQs. To celebrate the launch of 1095 Learn, we are offering temporary free access to two of our most successful recorded webinars:

- Credentialing & Privileging
- Emergency Drills

In addition, the newly launched LMS features a brand new eLearning on medication reconciliation, an issue that is critical to continuity of care and patient safety in both surgical and primary care settings.

Message from the President & CEO

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For the 2018-2019 Bernard A. Kershner Innovations in Quality Improvement Award program, AAAHC received dozens of entries. On behalf of the AAAHC, I applaud the efforts of these organizations who recognize the value and importance of integrating quality improvement into the fabric of their organization—every day. Our AAAHC Institute Quality Advisory Committee and staff team spent numerous hours reviewing the submissions and evaluating their comprehensiveness.

Congratulations to this year’s award winners! And thank you for sharing your program and results with your AAAHC-accredited colleagues. The benefit of your efforts will extend beyond your own organization to others facing the same challenges. Your efforts demonstrate 1095 STRONG! ▲