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Accreditation: A Team "Sport" Approach



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Today's Discussion

- Accreditation- The What and Why
- Process Overview
- Ongoing Survey Readiness
- Role of Leadership





What is accreditation? Why seek accreditation?

Accreditation is the process of inviting outside experts to conduct a review of your organization to validate and improve the safety and quality of care, treatment and services you provide to families and individual.

- Improves credibility
- Establishes your reputation by providing an external validation of the quality and safety of the care, treatment or services your organization provides
- Differentiates your organization from others for marketing and investment/financing purposes



The Mission of Accreditation



Increased
Standardization

Reduced Variation

Lowered Risk

Improved Quality
& Patient Safety





Value to Unaccredited ASCs



Access to payers and their patients, as well as standardization to better manage costs



Operational Efficiencies and proactive performance improvement



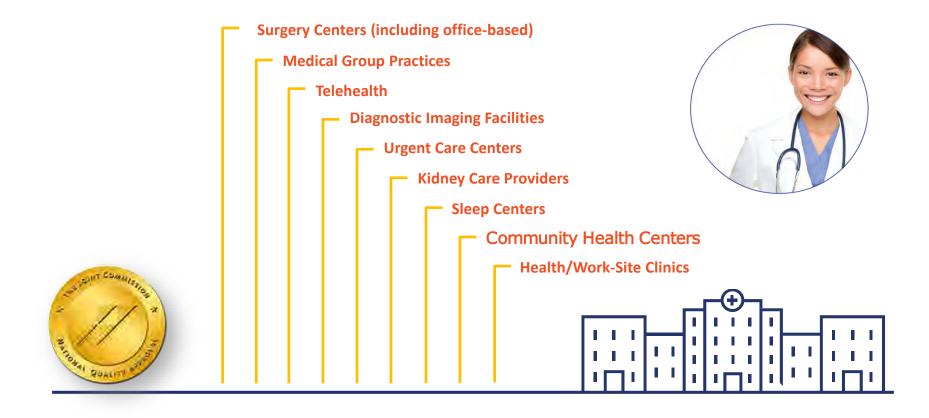
Reduction of risk of harm to patients, staff, and visitors, as well as related liability costs



Attract, develop competency and retain staff



Ambulatory Health Care Accreditation Settings Accredited



Accreditation Process



Getting Started with Accreditation

Connect with your dedicated



Phone: 630-792-5247



Welcome

 Overview of the accreditation process



Get to Know

- Understand organization's goals, vision, and structure
- Establish timelines
- Understand education needs



Help With Readiness

- Provide access to the standards
- Overview of survey process



Submit Application

 Guided completion of the Application



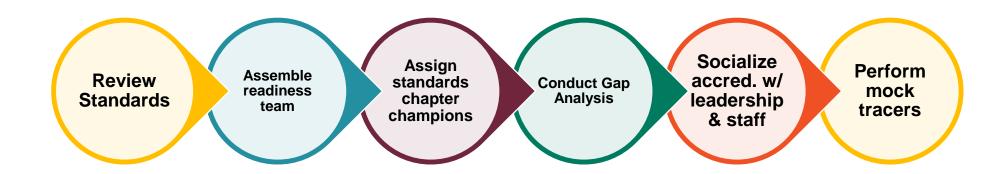
Post-Application

Additional resources



The Pathway to Accreditation

Key Milestones





Survey Preparation and Documentation

Complete Don't Provide Understand Get Complete Don't Provide Understand Get the Standards More Than Documentatio Organized n Don't give a Requested and EPs surveyor a reason to ask a question!



When to Apply

Submit Application

4-6 months prior to survey ready date



Survey Ready Date

Date you are ready for survey



4-6 months for preparation and schedul



Prepare for Survey

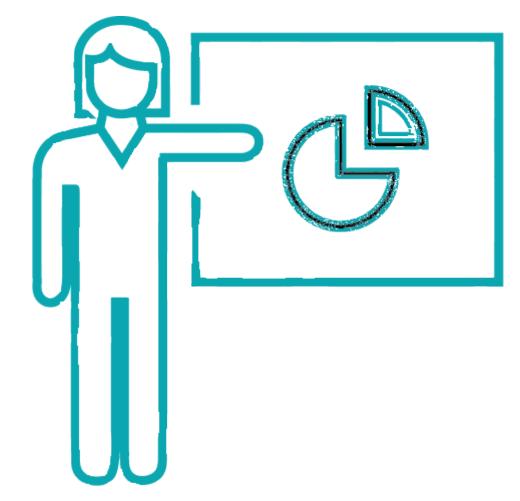
Varies based on each Health Care Organization circumstances that affect determining a timeline: De Novo versus longstanding provider; resources available to prepare



Education & Development Opportunities for Staff

Create education and development opportunities through ongoing readiness

- Chapter champions
- –Mock surveyor group





Achieve Maximum Education

- —Educate your staff about the survey process: Compliance & <u>Education</u>
- —Encourage organizational staff to be open to learn, share, and seek to understand
- —If an organization is eager to learn, grow and improve, more educative information is likely



Commonly Cited EC Standard & EP EC.02.05.01 EP9

The organization labels utility system controls to facilitate partial or complete emergency









Commonly Cited LS Standard & EP

LS.03.01.10 EP10

The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.

Note: *Non-approved Polyurethane expanding foam is not an accepted fire-rated material for this purpose.* (For full text, refer to NFPA 101-2012: 8.3.5)







Survey Process Objectives

To <u>validate your</u> <u>compliance</u> with our standards (And Medicare CfCs, if deemed)

To <u>provide a</u>
<u>meaningful</u>
<u>assessment</u> of risk
(both known and
unknown)

To <u>assist</u> you in your journey toward becoming a highly-reliable organization that provides consistently safe, high-quality care to every patient every time

To inspire and encourage improvement through engagement and dialogue with your staff, physicians and leaders



What Happens After the Survey

- -Preliminary report
- -Status of Final Accreditation Report
 - Content of Final Accreditation Report
 - Scored findings, follow up events, etc.
- -Evidence of Standards Compliance (ESC) Submission Process
 - Optional 10 Day Clarification*
 - 60 Day Timeframe to Submit ESC
- -Award letter
- -Certificate





Ongoing Survey Readiness



Tools and Resources Beyond Accreditation



Perspectives Newsletter

The official newsletter of The Joint Commission which provides information about revisions and updates to Joint Commission standards, policies, and otjer requirements for all Joint Commission-accredited and-certified organizations.



SAFER® Dashboard

A data analytics tool to view current and historical aggregate servey findings allowing you to track performance at the corporate or site level, share data, with stakeholders and compare to other organizations nationwide.



Heads-Up Report

Reports that address frequently scored high-risk standards or EPs and provide examples of actual surveyor observations, potential contributing factors, and a checklist to help organizations identify similar issues in their own organizations prior to survery.



Standards Interpretation Group (SIG)

Contact the Standards Interpretation Group (SIG) for information about interpreting and applying specific ambulatory care standards.



Readiness Roadmap

A toolkit with hundreds of documents, webinars, videos, checklists, and crosswalks that are sortable to help you find the resources you need based on where your organization is in the accreditation/certification process.



Survey Activity Guide

This guide contains information to help you prepare for survey and a description of each survey activity that includes session objectives, an overview of the session, logistical issues, and suggested participants.



The Role of the Coach aka Leadership



What is a leader?

An individual who sets expectations, develops a plan, and implements procedure to assess and improve the quality of the organization's governance, management, and clinical and support functions and processes





The Essential Role of Leadership in Developing a Safety Culture



Leadership's #1 priority is to be accountable for effective care while protecting the safety of patients, employees, and visitors



A leader is committed to prioritizing and making patient safety visible through everyday actions and is a critical part of creating a true culture of safety



Culture is a product of what is done on a consistent daily basis



Leadership Oversight

Who do you need and where do you need them?



- High risk areas/procedures
 - High-level disinfection/sterilization
 - Surgery/procedures
 - Dental





Role of Administrator

Leverage your Medical Director

Keep doctors happy (easier said than done!)

Applaud and appreciate staff

Understand what motivates staff

Create socialization to connect staff

Be open to new information and processes

Most importantly...Promote a culture of safety



ASC Associations and Professional Networks











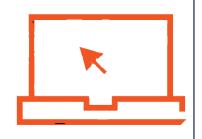
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