

Joint Commission Accreditation: Leadership Challenges and Advantages

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“Ambulatory Care Accreditation by the Joint Commission afforded not only external validation of our multi-specialty group effort, but even more importantly, the accreditation process provided a disciplined framework for improvement of patient care and safety. My partners and staff rank accreditation by the Joint Commission as one of the most important and meaningful undertakings in the history of our practice.”

—Hal Teitelbaum, M.D.,
M.B.A., Managing Partner,
Crystal Run Healthcare,
(*Current Clinical Practice*,
June 2008)

Cystal Run Healthcare is a physician-owned multispecialty group practice located in the Lower Hudson Valley of New York. Approximately five years ago, Crystal Run Healthcare decided to pursue Joint Commission Accreditation for Ambulatory Care. In so doing, Crystal Run became the first private multispecialty group practice to become accredited in the State of New York.

This article will identify key points in the process and discuss in detail a roadmap to successful accreditation. Challenges Crystal Run Healthcare faced and beneficial resources will also be revealed. In addition, we will provide strategies and tools that Crystal Run believes will be useful to

those who decide to travel the path to accreditation.

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Overview of Accreditation

The Joint Commission is the nation's predominant standard-setting accrediting body in health care. They evaluate and accredit more than 16,000 healthcare organizations and programs in the United States. Their state-of-the-art standards focus on improving the quality and safety of care provided by healthcare organizations. Joint Commission accreditation is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. To earn and maintain the Joint Commission's Gold Seal of Approval™, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years.

Facing the Challenges to Accreditation

Pursuing Joint Commission accreditation was a natural path for Crystal Run Healthcare to take. The accreditation process assisted in organizing and strengthening patient safety efforts, enhancing performance improvement strategies for continuous improvement in safety and quality care, and reducing the

risk of medical error.

1. Achieving Staff and Physician Buy-In

At the time, Crystal Run Healthcare had approximately 650 non-provider employees. Very few of these individuals had exposure to regulatory agencies, survey processes, or the Joint Commission. Secondly, the 120+ member provider staff operated independently with regard to practice style. Staff and providers were initially targeted separately to achieve buy-in. Staff was introduced to the National Patient Safety Goals as well as key standards via classroom and floor training. These efforts helped them understand the merits of standards implementation and its impact on patient safety. Providers were initially educated by a consultant during preparation for one of our mock Joint Commission surveys. The consultant provided facts and background about Joint Commission standards, the survey process, and its impact on patient safety. Afterward, providers were encouraged to ask the consultant and leadership team questions with regard to standards, especially if they anticipated a negative impact on workflow. At all times, leadership remained sensitive to and aware of impact on workflow, which helped to build consensus among the providers as to the importance of Joint Commission accreditation. Areas we identified and specifically targeted were high-risk areas including, but not necessarily limited to: endoscopy, urgent care, infusion center, and surgical subspecialties where time-out procedures are performed.

2. Creating a Compliant Organizational Structure

An analysis of the administrative structure and its effectiveness to achieve standards implementation revealed an immediate need for a pharmacist to assist in the application of the Medication Management Standards, as well as to provide oversight to the infusion center. Additionally, an infection control

practitioner position was created and filled to monitor surveillance in key locations throughout the practice, including endoscopy, and to coordinate Department of Health (DOH) reporting.

Our committees are designed to address the priority focus areas of the Joint Commission.

3. Developing a Culture of Patient Safety

Tying Joint Commission Accreditation to improvement in patient safety was an ongoing focus of leadership's efforts. Emphasis on a non-punitive environment for reporting errors or gaps in patient safety is essential. This entailed developing an enhanced sense of

trust with our provider and non-provider staff. Formal processes included implementation of the Joint Commission National Patient Safety Goals, including the use of two patient identifiers and the Universal Protocol; introduction of the Patient Bill of Rights and Speak-up Initiatives; development of multidisciplinary committees; and implementation of Failure Modes Effects Analysis (FMEA) and Root Cause Analysis (RCA) processes.

Strategies and Tips for Success

Engaging a Consultant

A consultant with multispecialty group practice experience is essential to successful accreditation. As mentioned above, Crystal Run Healthcare identified early on that our leadership team had very little exposure to Joint Commission



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standards or survey processes, with the exception of those members who came from a hospital background. We found the consultant to be critical in providing the depth of knowledge of the Joint Commission needed for accreditation. *The Joint Commission Standards Manual* and the FAQs can be intimidating. A consultant can help bridge the knowledge gap in those priority areas that Joint Commission surveyors focus on, such as patient safety, environment of care, and infection control. Additionally, mock surveys conducted by our consultant during the preparation period demonstrated interim progress, which was rewarding for staff, providers, and leadership alike.

Developing a Committee Structure

Our committees are designed to address the priority focus areas of the Joint Commission: medication management, infection control, environment of care, and provision of care. Our committee structure ensures the flow of information within the organization and engages employees at all levels, including physician champions, who participate on the committees.

A Quality and Patient Safety Committee was established five months prior to our initial survey, incorporating the components of the Patient Safety and Performance Improvement plans. This committee met monthly for its first three years and now meets quarterly. Current performance improvement activities, as well as new opportunities for improvement, are reviewed and evaluated. Some activities addressed by this committee are: patient satisfaction surveys; critical test result reporting in radiology and the laboratory; turnaround time for reporting; and practice benchmark reports with the National Committee on Quality Assurance. This is also the umbrella committee for receiving reports from the committees described below. This committee is led by the director of

Quality and Patient Safety. The chief medical officer serves in an advisory capacity. Several partner physicians from high-risk areas also participate in this committee.

Crystal Run developed a unique training program for providers and staff.

The Medication Management Committee develops and oversees the processes we use in providing medications to our patients. This committee is led by our pharmacist, and several key physicians from high-risk areas serve in an advisory capacity its responsibilities are development, implementation, and monitoring of all policies and procedures related to the procurement, storage, dispensing, and administration of medications in all areas of the practice. Some of the activities are: reviewing medication error reports and developing plans of correction where necessary; reviewing all adverse drug reactions, formulary selection, and approval; developing par levels; and reviewing billing processes related to medical administration in key areas of the practice such as the infusion center and urgent care. Several ad hoc committees have been formed based on related issues that have arisen, such as vaccine management and storage and a refrigerators committee. The purpose of these ad hoc committees was to evaluate vaccine management and storage in accordance with the CDC recommendations, which assisted in compliance with the Joint Commission medication standards.

The Infection Control Committee was established to prevent, reduce, and control healthcare-associated infections for patients, staff, providers, students, and visitors. Some activities of this committee are: monitoring, surveillance, and reporting of infectious disease; regulatory agency compli-

ance; surveillance of compliance with CDC hand hygiene guidelines; evaluating new equipment and products for cleaning, disinfection, and sterilization; influenza vaccination program; needle stick safety; blood-borne pathogen exposure control methods; and related educational programs for patient and staff safety. One highlight of the year is the Annual Infection Control Fair. Departments are asked to create a poster or display that advocates good infection control practices employed in the practice. The submissions are judged by leadership and the winning department receives a pizza party. This committee is led by the infection control nurse. Our infectious disease physician serves in an advisory capacity.

The Environment of Care Committee provides a mechanism for ensuring that safety measures for the physical plant and associated workplace areas are implemented and monitored. There are several important subcommittees of the Environment of Care Committee that report on a scheduled basis: safety; life safety; medical equipment; utilities; hazardous materials; emergency preparedness; and security. This committee is led by the director of Facilities. Enhancement of physician participation in this committee is a current goal.

The Physicians Standards Committee was not part of the initial committee structure for which Crystal Run earned its initial accreditation. This committee was created at the recommendation of the medical director and approved by the Management Committee of the partnership. Its purpose is to engage physicians in the development and approval of practice standards; to develop and implement policies related to physician performance and physician behavior; to address critical physician-specific issues such as recruitment and retention; and to broaden the engagement of physicians in the

leadership functions of the practice. It is now led by the chief medical officer. The chief nursing officer and the director of Quality and Patient Safety are regular participants and key to driving the agenda of this committee.

Training and Education

Where to start? It is essential that both provider and non-provider staff see and hear the same information when preparing for your survey. Creativity, although not essential, can play a very valuable role in capturing their attention.

Crystal Run Healthcare established a Joint Commission Leadership Team that prepared for the “in-the-trenches” coaching. One useful resource was *Ready, Set, JCAHO (2005)*.¹ Though this book is somewhat slanted toward hospital standards, it was nonetheless valuable in developing questions related to ambulatory care standards. Utilizing this book, Crystal Run developed a unique training program for providers and staff. Patient Safety and Infection Control fairs were planned. Team training utilizing Candy Land game boards and Jeopardy were also effective for staff and physicians. Electronic newsletters, intranet bulletins, and online programs were developed, as well.

Electronic Environment

Engaging the support of your IT department will be essential to your success. If your practice has an electronic health record (EHR), you may need to develop or improve existing templates to enhance documentation and quality reporting. Crystal Run Healthcare placed its focus on chemotherapy administration templates, medical chart summary templates, and medication ordering templates. The medication ordering template improvements were critical to successful compliance with the medication reconciliation standard. The medical chart summary template helped satisfy compliance with the elements of performance related

to the hand-off communication standard and simplified access to problem lists and medical history data. Work is continuing on the chemotherapy administration templates, as well as endoscopy templates, as these are identified as high-risk, high-priority focus areas.

Maintenance of Accreditation Status: Using Periodic Tracer Methodology

The heart of a Joint Commission survey involves the tracer methodology: a surveyor goes into direct patient care areas and follows or “traces” a patient’s experience from check-in to check-out. Anywhere the patient goes, the surveyor goes. All interactions are scrutinized and reviewed for compliance with appropriate Joint Commission standards. Since our initial accreditation survey, we have engaged outside consultants annually to perform mock surveys. Additionally, over the past year, we have performed internal mock surveys utilizing the tracer methodology. Some of these internal surveys are unannounced to staff in order to measure our readiness. We have developed tracer rounds checklists for ease of reporting findings to staff, formulating corrective action plans, following up on these action plans, and reporting back to the committees. The main purpose of conducting these exercises, both using internal staff and external consultants, is to rapidly develop experience among staff to withstand the rigors of a Joint Commission survey. Our first re-accreditation survey is due this year, as it will be three years since the initial accreditation survey in September 2006.

Conclusion

Crystal Run Healthcare has experienced substantial advantages related to Joint Commission accreditation. Most importantly, survey preparation served as the framework for improving processes related to patient care and safety. Joint Commission accreditation is a benchmark for quality comparison

with other healthcare organizations. As such, in a pay-for-performance world, accreditation distinguishes us as having achieved structural and process outcomes objectives, a fact appreciated and rewarded by more progressive payers. Our commitment to provide the highest quality services, demonstrated by accreditation, makes a strong statement to local and regional policymakers, and provides us a seat at the table of healthcare decision making. Joint Commission accreditation is an integral piece of marketing campaigns and of staff and physician recruitment. Finally, Joint Commission accreditation is a great sense of pride for providers and staff, which builds morale and creates stability in the workforce at Crystal Run Healthcare.

Reference

1. K.A. Chamberlain. 2005. *Ready, Set, JCAHO!* (Third Ed.). Marblehead, Massachusetts: HCPPro, Inc.

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