

# Committed to Quality

## Wellstar Cobb Hospital Austell, Georgia



**A hospital, already poised for success, collaborated with The Joint Commission to bring stakeholders together and drive PHAC certification**

Georgia's Wellstar Health System is comprised of 11 hospitals, one of which is the 382-bed Wellstar Cobb Hospital in Austell. Cobb is a distinguished institution with accolades that include designations as a Level III Trauma Center, CARF and ECCC certifications, and recognition as an Advanced Primary Stroke Center, Joint and Spine Center of Excellence.

And now it is Georgia's first certified Primary Heart Attack Center (PHAC).

Brandy Amandolia, Cobb's Manager for Accreditation Licensure, and Tammie Skinner, formally the Chest Pain Program Coordinator and now Cobb's PHAC Coordinator, worked together to drive the hospital's certification.

"We were getting close to our redesignation time period," Amandolia recalled. "We discussed including The Joint Commission in the conversation about sunsetting our core disease-specific programs and becoming a certified Primary Heart Attack Center."

"It just made sense for us," Skinner added. "It would give us more collaboration among facilities following the same guidelines."

## Step one was conducting a gap analysis.

“That is one of the first things that I would encourage any organization to do,” Amandolia said. “And the Joint Commission’s Tracers with AMP® software was integral to helping us complete the process in a relatively short period of time.”

## Step two was obtaining buy-in from leadership.

“Once we completed the gap analysis, Tammie and I presented it, and the benefits of moving forward, to leadership,” said Amandolia. “We emphasized the value of staying in sync with certifications among all 11 hospitals, so there would be transportability across the system in terms of policies, algorithms, flowcharts, and flow maps, especially in disease-specific care.”

“A lot of what we saw in the analysis was process related, and obviously it was complicated by COVID,” Skinner said. “There were problems with getting an EKG within 10 minutes, for example. So, we had to work with our ED leadership and staff to come up with suggestions, ideas, and experiments to see what we could do in the short term, then reevaluate when things changed.”

Technology presented issues, too. Recently purchased EKG machines were not communicating properly with the organization’s EMR system, and one EMS partner experienced difficulties in getting EKG transmissions through.

“So, we had to troubleshoot technology frequently and plan around old technology that was being retired,” Skinner said. “How do we align with new technologies and get everything to speak with each other seamlessly?”

## Developing the program

Developing the program helped the team identify other roadblocks, which they turned into performance improvement projects.

“It seemed like there was always a light bulb going off,” Amandolia said. “We’d think, ‘That’s a great process improvement project because it’s going to impact our EKG times or how we provide care in a very different, unique way, in a different, unique time.’”

Working with The Joint Commission eased the process considerably, she added. “It was fluid and welcoming, and I felt as though we were totally being set up for success.”

“I can’t say enough about our interactions with the reviewer,” said Skinner. “She was very encouraging and had a lot of great feedback, and when I submitted questions through the Joint Commission website the responses were timely and clarifying. It was a really great experience.”

Within a few months of tracking data they were reporting patient characteristics to staff, enabling them to focus more quickly on the degree of cardiac involvement and how to respond.

“Once we put the information out there we saw the needle move pretty quickly in helping the staff see the bigger picture,” Skinner said. “It felt like a daunting task, but it was a really big win.”

Amandolia and Skinner return to the value of the gap analysis, especially when it came to generating staff support.

“That really helped us convince leadership, at both the system and local levels, to move forward, because they could see that we were really not that far off,” Amandolia said. “With just a little work we could do it and communicate what becoming a certified PHAC would say to our community.”

## Staff support goes beyond simply approving the initiative

“They’re the ones who will be creating a lot of the processes that will alter the way we care for our patients,” Skinner said. “So, success is more likely when you have that collaboration, and communicating the results and celebrating the wins are huge for motivating people.”

Ultimately, certifications are not just valuable to the organization, but to the patient population they serve.

“These disease-specific certifications are a testament to, and validation of, the care that we are committed to providing our community,” Amandolia said. “When you see where you started and where you end up, it’s truly amazing, and a great testament to the team that made this happen.”

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