



Guidance and Trust Drive Accreditation Process



ClearSky Health is a rehabilitative healthcare system based in Albuquerque, New Mexico. There are currently nine hospitals, primarily in the southwest, but there are plans to expand to as many as 30 acute rehab hospitals within that region and in the Midwest in next few years.

Aaron Lopez is CEO of ClearSky Weatherford and on the job for a relatively short time.

“ClearSky wasn’t a big, rigid company, and I like bringing new ideas to the table and then running with it,” he said. “It was a company that was looking for new leaders with new ideas to bring some energy, and that’s the main reason I came on board.”

Lopez recently led the organization’s accreditation process by the Joint Commission. He took some time to answer a few questions about ClearSky’s expectations, their experience with the process and the results.

The Joint Commission helps Boost Organizational Confidence

Q. Tell us about your decision to work with the Joint Commission.

Some leaders in the company had worked with the Joint Commission in their roles with other organizations, and those experiences were positive. It’s very intimidating to think that one’s leadership ability could impact quality and potentially jeopardize a hospital, but when I spoke with our COO she said, “Don’t let that fear drive you. You have to remember that Joint Commission accreditation is a collaborative effort. They are actually an ally, here to provide oversight and make sure that we’re doing what we should be doing.”

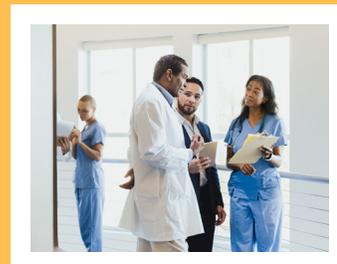
And that was our experience with the Joint Commission. They were there to get us where we should be. We weren’t perfect, but it was obvious we were trying to do everything we could. It was never a shame situation. Instead we were told, “Here are some things we’ve seen that have worked elsewhere and may be an option for you to continue to improve in this area. You’re doing a good job, but perhaps this is another way to do even better.”



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Q. Was this your first experience with the Joint Commission?

Yes, and it was a breath of fresh air to know that all of the hard work was appreciated. It was also a big relief to have the guidance of people who are experts in the field. Our reviewer had worked in the acute rehab setting for many years and it was nice to collaborate with someone with that knowledge base. Who has not only done the job, but understands it on a day-to-day basis and what we as leaders go through in running an acute rehab hospital. It was great that we had a surveyor who did what we did, who took care of patients, who had the same experiences and had faced the same challenges that we go through to provide an exemplary level of care.



Q. How did you prepare for your survey?

We have internal audits that allow us to track hotspots that might indicate potential problems. From an operational standpoint that allowed us to organize the guidance that the Joint Commission provides on a very frequent basis, utilize it at the hospital level and roll out new initiatives.



Q. What improvements have come from working with the Joint Commission?

A diversified workforce has been a priority for ClearSky, and it was helpful that that was also a Joint Commission initiative. We also take workplace violence programs very seriously, and that was another initiative that the Joint Commission was advocating. We see best practices around those initiatives and it's clear that a close eye is kept on CMS standards, and several months down the road an initiative within our company gets rolled out to the operational side, and it's neat to see the big picture of that initiative trickling down until, eventually, it touches the patient.

We also have weekly quality meetings about high-risk situations, events or variances, and making time for that has allowed us to be very proactive. Doing that weekly meeting gives us opportunities to spot concerns or potential trends and it allows us to identify opportunities to not only improve, but do so a little more quickly.

One of the most beneficial things that I've seen as a leader is implementing inclusion throughout the entire organization, all the way down to housekeepers, dietary aids, everyone who touches the patients, and get their perspective on the environment we are trying to create. I think they actually have the best grip on it, honestly. Creating an environment in which people feel comfortable talking to leaders at every level helps everyone learn how to react and what to do.

Q. What changes have you seen in how your staff handles issues around workplace violence?

As we rolled out the program one of the most beneficial things we did as leaders is get a grip on everything and guide everybody around the gains we needed to make to keep the environment safe. But, really, the most beneficial meetings were the ones that were open to employees, with the people who are out there taking care of patients 24 hours a day, and get their input.

So, anywhere in the safety environment, from the timing of when lights come on to panic buttons if we have a situation that escalates. Those are the kinds of things that come up at our monthly safety meetings, which the entire hospital is invited to attend, and great ideas have come from employees at every level.

Q. What other issues came up in working with the Joint Commission?

Communicating with the Joint Commission in collaboration around opportunities to make improvements have sparked ideas in the open sessions we have with employees to educate them on processes, which also provides an ongoing opportunity to make sure that the staff's education level is the same as leaders'.

After hearing from leaders on the day after the survey it was obvious we had prepared for our evaluations, and I think that alleviated some of the anxieties that some people felt. It made everyone feel it was not just about looking good on that day, it was about working with a leader in the field who has created standards to maximize environments that ultimately affect patients.

So, again, the message that the initiative was a collaborative partnership did trickle down from the Joint Commission to leadership to employees. We discovered opportunities to improve, and the message of collaboration was delivered and understood by all, and its benefit to patients was clear, too.



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Q. What advice would you give an organization considering Joint Commission accreditation?

I would strongly recommend the Joint Commission based on their years of experience and demonstrated quality. Again, the Joint Commission's role as a collaborative partner was felt early in our evaluation period. It was made clear that if there were any questions, or if any guidance was needed to implement a recommendation or if a deficit was pointed out, that there would be opportunities to communicate and ask questions, and we took full advantage of that.

We now hold interdisciplinary huddles to discuss functional measurements that we can take into the acute rehab setting, and doing them by variance has really brought all of the staff together. We are getting live patient information now from an interdisciplinary huddle in every department of the hospital, so we can find opportunities for improvement in actual time, right at the patient's bedside, that will help make improvements both here and now, and in the future.



Learn more about Joint Commission Accreditation at www.jointcommission.org