Executive Director

American author Leo Buscaglia once said, “Change is the end result of all true learning.”

On one hand, Buscaglia seems to be describing ambulatory organizations and how they apply what they learn from their on-site survey experience. There is always a choice. Do we dig deep and make the improvements that have been suggested by the surveyor? Shall we try a new way of doing things based on leading practices from around the country? Will today’s learning pave the way to tomorrow’s high reliability?

On the other hand, I think Buscaglia was also talking about Joint Commission surveyors and the rigorous orientation, training and education they receive. In the ambulatory program alone, we have 48 ambulatory surveyors; nine were new in 2012. That’s a big investment in learning. Each January, surveyors across all of our accreditation programs attend the Annual Educational Conference, and it is here that they learn the latest quality and safety evaluation techniques. Surveyors do not leave the conference unchanged. They are enthused by and infused with a new arsenal of ideas and approaches. The payoff from all of this education is tremendous. Our surveyors are professional, credible, and dedicated to improving quality and safety. To me, they really do represent the face of The Joint Commission.

Thank you for your continued commitment to patient safety.

Michael Kulczycki, MBA, CAE

Challenges and Changes: ambulatory care conference highlights

Workplace bullying was one of the key topics discussed at the recent ambulatory care conference, “Challenges and Changes.” William Marty Martin, Psy.D., M.P.H., M.A., M.S., MSc., director and associate professor, Health Sector Management, DePaul University, spoke on bullying and leadership.

Why does the topic of bullying and leadership interest you?
This topic intrigues me for a singular reason; I was the target of workplace bullying. In my first professional job after graduating college with a degree in biology/chemistry, I found myself and my older co-workers the victim of a M.D./Ph.D. who would yell, scream, humiliate, and occasionally, throw lab instruments around the lab. We attempted to get his boss to stop the behavior but we were reprimanded for not understanding the stress he was undergoing and the importance of his role. This motivated me to obtain a graduate degree in psychology to both understand the dynamics of workplace bullying and to pick up some coping responses.

How common is workplace bullying?
Given the varying definitions of workplace bullying, it is hard to give an exact estimate. However, it is generally agreed that nearly everybody in the workplace at some point in time has either witnessed workplace bullying or has personally been a victim. It is also generally agreed that only a few individuals at work are responsible for most of the incidents of workplace bullying.

What are the most important points you want health care professionals to understand about workplace bullying?
First, the evidence is clear and convincing that safety and quality are compromised in settings where workplace bullying is prevalent. Second, victims of workplace bullying cannot focus on work tasks. As such, accidents and mistakes are more common and turnover is greater. There are also higher occurrences of absenteeism.

What first step would you recommend to an ambulatory facility that is interested in addressing workplace bullying?
The first step is to quickly investigate and impose consequences for any individual, even those who generate a lot of revenue or hold senior level positions, who demonstrate behaviors associated with workplace bullying according to the definition your organization has put into place.

One presenter’s perspective

Joint Commission Board Member Roger W. Bush, M.D., FACP, clinician-educator at Virginia Mason Medical Center, Seattle, Washington, came away from the conference with these thoughts about the future of the ambulatory field.

“Ambulatory settings, particularly community health centers, need to move from being social-justice-driven safety-net providers to building a business case that keeps hospital beds empty. Hospitals need to change their business models from volume-based to outcome-based, and begin partnering with other settings of care to deliver outcomes, primarily by avoiding the very hospital stays and procedures they have always made their money on. Community health centers also need to network and collaborate to bring innovative leadership, Robust Process Improvement methods, and culture-building techniques to their settings.”
The buzz about PCMH certification

Nearly 100 ambulatory care organizations are certified or have requested certification as a Primary Care Medical Home (PCMH) by The Joint Commission, according to Lon Berkeley, project director. “Ambulatory organizations find value in the on-site survey component of The Joint Commission’s approach. They avoid the time-consuming process of submitting an electronic evidence of compliance, and instead, can use that time to focus on direct patient care. Also, surveyors provide valuable feedback and suggestions for how to address the PCMH certification requirements when on-site.”

Dorothy Bennett, R.N., M.B.A., director of Nursing and Clinical Support Services, Western Michigan University School of Medicine Clinics (WMED), says her medical group pursued PCMH certification because of their commitment to patient-centered care. “Certification was a logical step for two reasons. First, we wanted to educate our medical learners about exemplary standards of care. Second, we wanted our patients to know that we are their medical home, and that our goal is to provide patient-centered care. This is a fundamental concept for us.”

WMED originally volunteered as a beta site to test the PCMH standards. “That experience confirmed that we were on the right track,” Bennett says. “So, when it was time for our next on-site survey, we decided to add the PCMH option.”

The on-site experience was quite positive for the staff at WMED. “Our team walked away feeling as if we had truly learned from the experience,” says Bennett. “The information we gained fueled our efforts to create patient-centered care in a teaching and learning environment.”

Bennett cites many tangible benefits to becoming PCMH-certified. “We worked as a team to develop an electronic health record that meets the PCMH documentation requirements, and so we are able to obtain our quality measures electronically. This, plus the additional reimbursement from our health care payers, has made the PCMH certification a very positive, rewarding experience.”

For more information about the Primary Care Medical Home certification option, including the Primary Care Medical Home Self-Assessment Tool, visit The Joint Commission website.

Check out the Ambulatory Advisor blog in 2013!

The Ambulatory Advisor is changing into a blog format in 2013. There are many benefits to a blog: more timely communication; capacity for interactive dialogue (via posts); and focused and succinct content.

The Ambulatory Advisor blog joins two other ambulatory social media platforms available to you from The Joint Commission: Let’s talk ambulatory (Executive Director Michael Kulczycki’s blog) and his Twitter account for health care executives concerned about patient safety in ambulatory settings. Follow him at: http://twitter.com/Mkulcz.

The Ambulatory Advisor blog will be available on The Joint Commission website, and will continue to provide information of interest to ambulatory care professionals. Look for the same discerning content in more digestible doses.

Take Note

Look for us in 2013!

• Medical Home Summit, Philadelphia, Pa., March 13-15
• American Medical Group Association, Orlando, Fla., March 14-16
• Urgent Care Association of America, Orlando, Fla., April 8-10, booths 1600 and 1700
• American College of Physicians, San Francisco, Calif., April 11-13, booth 1335
• Ambulatory Surgery Center Association, Boston, Mass., April 17-19
• Medical Group Management Association Primary Care Medical Home Conference, Chicago, Ill., April 21-23
• American College of Occupational and Environmental Medicine, Orlando, Fla., April 28 - May 1
• National Association of Community Health Centers, Chicago, Ill., August 25-27
• California Ambulatory Surgery Association, Indian Wells, Calif., September 12-13
• American Academy of Family Physicians, San Diego, Calif., September 25-28
• California Primary Care Association, Sacramento, Calif., October 3-4
• Urgent Care Association of America, Glendale, Ariz., October 3-5
• Texas Association of Community Health Centers, Austin, Texas, October 6-8
• Medical Group Management Association, San Diego, Calif., October 6-8
• OR Excellence, Las Vegas, Nev., October 23-25
• Texas Ambulatory Surgery Center Society, Houston, Texas, November 7-8

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