2017 Annual Tribal Self-Governance Consultation Conference
Self-Governance Communication and Education Tribal Consortium

April 26, 2017 3:30-5:00PM

Megan Lenaghan
Quality Management Coordinator
OBJECTIVES

Designed to provide participants with knowledge, frameworks, and tools to:

- Enhance ability to understand a general accreditation process
- Increase awareness of how the process is standard, but the approach is unique
- Foster alignment, inclusion and support
- Cultivate a culture of being the best your organization can be in which employees understand the essentialness of achieving accreditation recognition and its ongoing process
- Get energized, stay energized and energize others
- Engage in accreditation to strengthen efforts in improving health care quality and linkages to care
Goal
Facilitate a conversation that allows for increased understanding of an accreditation process.

Self-Governance and Accreditation
Knowing what programs are best for your organization and receive the formal recognition for the work done each and every day.

Purpose
Presentation will capture how SIHC has previously and maintains a “survey ready” approach for re-accreditation by sharing our lessons learned, tips and perspectives.
INDIAN HEALTH Accredited Clinics

- Association for Ambulatory Health Care: 151

Visit California Area Indian Health Service Accreditation Page at: 
https://www.ihs.gov/california/index.cfm/health-programs/accreditation/

Visit AAAHC Accredited Facilities Page:
QUESTIONS TO ASK YOURSELF

- Why does our healthcare/service agency want accreditation?
- What is the reason behind an accreditation agency?
- What are the benefits?

Ready… Set… Go…
WHY ACCREDITATION?

- Encourage voluntary attainment of high-quality care
- Provide a standard for quality care and services at organizations
  - Demonstrates successful achievement: accomplishment 😊!
  - Demonstrates program adheres to highest standards and best practices
- Application of Standards include:
  - Core standards
  - Provide outline
  - Allows all seeing accreditation to follow same process and benchmark for standards
TAKING A CLOSER LOOK

THINGS TO THINK ABOUT IN THE NEAR FUTURE

- Affordable Care Act
  - Marketability of Clinic
  - Implementation
  - Quality Standards

- Patient Centered Home
  - Patient Centered Care
  - Patient Satisfaction
  - Patient Engagement and buy-in

Be who you are and say what you feel because those who mind don't matter and those who matter don't mind.

- Dr. Seuss
BUILDING BLOCKS OF CORE STANDARDS

Patient Rights and Responsibilities

Governance: General & Credentialing

Administration

Infection Prevention and Control and Safety

Facilities and Environment

Quality of Care Provided

Quality Management and Improvement

Clinical Records and Health Information

Medical and/or Dental Home
**PROCESS**

- Accreditation is awarded to organizations that demonstrate substantial compliance with applicable standards
  - 3 years full accreditation
  - 3 years accreditation with intra-cycle activity

- **Survey Team Utilizes:**
  - Observation
    - Physical walk through
    - See employees in action
  - Discussion
    - “Interview” employees
  - Reading
    - Policies, procedures, protocols

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*Watch your thoughts; they become words.*

*Watch your words; they become actions.*

*Watch your actions; they become habits.*

*Watch your habits; they become character.*

*Watch your character; it becomes your destiny.*

~Frank Outlaw
**Steps**

- Organization fills out application by visiting accrediting organization website
  - This begins the process for accreditation and re-accreditation

- Accuracy and veracity of information essential
  - If organization experiences significant changes after submitting application
    - Notify AAAHC in writing within 5 business days of change

- Will receive a Notice of Accreditation Survey
  - Must post in accordance with AAAHC Standards and not removed until after the Survey date

- Will receive date and time of Survey

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Yes! You Can!
GENERAL INFORMATION

- Surveyors
  - Familiarity with names- communication for them preparing for the site visit
  - Serve as representatives of AAAHC
    • Ambassadors, Objective fact finders, Reporters of personal observations, Educators, Consultants

- Plan for survey to be from around 8-4:30
  - Be flexible with time (satellite facilities)

- Flow of Survey
  - Orientation Meeting
    • Potential Attendees: CEO, COO, Executive Assistant, HR Director, MIS/IT Director, Medical Director, Dental Director, Family/Social Services Director, Facilities/Maintenance Director, Quality Management Coordinator
      - Key behind the scenes prepping staff: Medical Office Manager, Billing Office Manager, Medical Records Coordinator, Dental Office Manager
  - Tour of Facility
    • Opportunity for patients and staff to present information regarding provision of health care or compliance with standards
      - Purpose of posting notice
  - Closing Conference
    • Review of general findings and results
During observation some non-time/planned activities

- Observation of scheduled procedure
- Inspection of physical facility
  - Exam rooms
  - Laboratory
  - Technical/Support Services
- Review of Organization’s “other” documents
- Peer Review
- Quality Improvement Program Review
- Current Quality Improvement Studies
- Governance/Administrative Documents/Processes
- Clinical Records
- Credentialing Records
- Personnel Records
- Interview Employees

It was character that got us out of bed, commitment that moved us into action, & discipline that enabled us to follow through.

~Zig Ziglar
GENERAL INFORMATION

MATERIALS FOR REVIEW

- Meeting Minutes
  - Department
  - Committees
  - Administrative

- Personnel Records & Policies

- Credentialing Records & Policies

- Maintenance & Calibration of Equipment Reports

- Medical/Dental/Pharmacy Disposal Documents

- Financial Records
  - Audit and Balance Sheet

- Emergency Policies

- Patient Satisfaction Reports

- Facility Employee Available
  - Ladder to reach ceiling
  - Flashlight
  - Tape measure (minimum 10 feet)

Anything that will make your Clinic/Organization demonstrate they are in compliance: safety, cleanliness, up to date…
GENERAL INFORMATION
PERSONNEL REVIEW/STAFF READINESS

Employee Folder
• Application
• Background Investigation
• Orientation
  – Human Resources
  – Quality Assurance
  – Management Information Systems
  – Department Specific
• Training Documentation
• Evaluation
  – 90 Day
  – Annual

Employee Injuries Documented
• OSHA 300 Logs
• Sharps Injury Log

Policies and Procedures
• All departments, sub-departments, programs
• Review policies with staff
• Know protocols and processes in place

A mediocre person tells. A good person explains. A superior person demonstrates. A great person inspires others to see for themselves.

~Harvey Mackay
CLINICAL RECORDS

- Surveyor select records
- Evaluate using AAAHC Clinical Records Worksheet
- Utilize electronic system
  - Have set-up and ready to use
  - Printed copies of record should not be requested
- If specific problems/trends/issues are identified and record is thus “incomplete”, additional records will be reviewed
  - Minimum of 15 at SIHC’s main site
  - Minimum of 10 at SIHC’s satellite site
- Review from last 12 months that demonstrate
  - Types of services provided
  - Broad spectrum of providers with privileges
- Review from last 36 months that involve
  - Death
  - Transfer
  - Litigation
  - Unplanned outcomes/incidents

Obstacles are necessary for success because in selling, as in all careers of importance, victory comes only after many struggles and countless defeats.

~Og Mandino
**Walk Through Postings**

- Notice of Accreditation Survey
- Patient Rights
- Patient Responsibilities
- Mission Statement
  - Values
  - Vision
- Exit Signs
- Resources
  - Family Violence Prevention (domestic violence, sexual assault, substance abuse)
- If there is a study or survey in place
  - Make sure summary and time period are posted
WALK THROUGH COMPLIANCE

- Doors Locked
  - Patient Records
    - Medical
    - Dental
    - Mental Health
  - Pharmacy
  - Hazardous Waste
  - Departments with “authorized personnel only”
    - MIS/IT

- Cleanliness: departments, offices… everywhere
- Appliances: double insulated and UL
- Clinical/Treatment Settings: no food or cosmetics
SUMMARY TABLE OF AAAHC SERVICES

- Anesthesia Services
- Surgical and Related Services
- Pharmaceutical Services
- Pathology and Medical Laboratory Services
- Diagnostic and Other Imaging Services
- Health Education and Health Promotion
- Behavioral Health Services
- Teaching and Publication Activities
- Management Care Organization
- Medical Home
ACCREDITATION DENIAL

- Not in substantial compliance with AAAHC standards/policies
- Significantly compromise or jeopardize patient care
- Fail to act in good faith in providing data
- Fail to notify significant changes within 15 calendar days
- Lack of quality management
- Fail to provide needed information
ACCREDITATION DENIAL
CONTINUED

- Fail to notify of imposed sanctions
- Fail to notify of licensure changes
- Fail to notify of governmental investigations
- Fail to notify violations of federal/state law

AAAHC may revoke or reduce accreditation term due to structure, operations, inability to perform services, etc.
INTERNAL PREPARATION PROCESS

Look at yourself, as an organization...

Evaluate internal readiness and preparation structure and process
LESSONS LEARNED/TIPS

- AAAHC/Compliance/Accreditation Binder
- AAAHC Worksheets (internally and externally) for each department:
  - Medical
  - Kumeyaay Family Services (Behavioral Health)
  - Facilities and Environment
  - Pharmaceutical
- Review of Policies & Procedures, Processes, Protocols
  - Medical/Dental
    - Front Office (patient registration, check-in)
    - Back Office (lab, patient flow)
    - Referrals
  - Mental Health
  - Community Health
- Log Books/Forms
  - OSHA
  - SDS (now Global Harmonized System)
  - Equipment Logs (calibration, temperature, service)
  - Sterilization
  - Cleaning
LESSONS LEARNED/TIPS

PREPARATION

- **Credentialing**
  - Records Worksheet
  - Licensure: Board Certification, DEA, ACLS, PALS, CPR
  - National Practitioner Data Bank Checks
  - Professional Liability Claims (history)
  - Continuing Education Units (up to date and maintained)

- **Privileging**

- **Peer Reviews**
  - Ongoing monitoring of important aspects of care
  - Allows identification of: trends, outcomes, and occurrences
  - Results reported to Board of Directors (SIHC’s governing board)
  - Results are part of granting privileges process
  - Completion of Reviews
LESSONS LEARNED/TIPS

SUCCESS

- Ensure all staff are confident and comfortable with general knowledge questions
  - THINK: Clinical vs. Non-Clinical Staff
  - Provide standard AAAHC Questions to provoke thinking
- Collaborative co-worker approach
- Clear communication and expectations
- Follow-through on tasks assigned
- Develop tracking mechanism
- Accountability
- Top down and bottom up (support)
- Internal administrative process
  - Shared amongst Directors

A real decision is measured by the fact that you've taken a new action. If there's no action, you haven't truly decided.

~Tony Robbins
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PUTTING IT ALL IN PERSPECTIVE

SUCCESSFUL ACCREDITATION

EMPLOYEES  STRUCTURE
What are two key elements that should be taken into everything we do?
A CLOSER LOOK AT ORGANIZATIONAL COMPLIANCE

Current

CULTURE

CORE
Needs
Values
Abilities
Behaviors

Awareness increases Responsibility

Quality and Safety
SOURCES OF SUCCESS

You have everything you need to build something far bigger than yourself.

~Seth Godin
MORE FROM AAAHC
• AAAHC Accreditation Standards Updates
• Seminar Achieving Accreditation
• Webinars

COMMUNITY SUCCESS
• IPC’s Famous Saying “shamelessly sharing”
REFERENCES AND RESOURCES

- AAAHC (www.aaahct.org)
- California Area Indian Health Services (www.ihs.gov/california)
We are Here for You!

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