HOSPITAL ACCREDITATION—GOOD TO HAVE CHOICES

Greg Wise, MD
Editor, *Focus*

As the world seems to falling apart with tensions in the Ukraine, body bags in Gaza, crumbling government in Libya, the never-ending Syrian conflict, sectarian violence and brutal terrorist atrocities in the news almost daily, why care about quality? Preventing the beheading death of a journalist or the mass murder of hundreds by a surface-to-air missile targeting a civilian airliner require political solutions, not better hygiene or more precise clinical guidelines.

In U.S. hospital administration far from the war zones, life is more mundane and bracketed by the countless regulatory policies and governmental oversight of quality. Yet, we all want our hospitals to be held to the highest standards and we recognize the necessity for regulation, along with its associated cost in time, personnel and effort in compliance.

When I assumed the role of chief medical office for my hospital in 1997, we had a Joint Commission survey with a perfect 100% score—to our knowledge the only hospital in Ohio to obtain a perfect score. The president of TJC visited us, presented us with our certificate and gave grand rounds to our medical staff. TJC subsequently moved away from giving scores, but it was nice for awhile to believe one was 'perfect.' Over the years as our network of hospitals grew, we became disenchanted with TJC with its piling on of additional requirements beyond the CMS Conditions of Participation (CoP) and the 'optional' cost of using its independent consulting arm with mock surveys to prepare for the real one to come. As two of our hospitals in our network were osteopathic hospitals, we looked at the Hospital Facilities Accreditation Program (HFAP) as a possible alternative for a network-wide standardization of the accreditation process. For several years all our network hospitals have been surveyed by HFAP and we have been pleased with the transition. Although there are some quirky but understandable language requirements for medical staff bylaws to accommodate its osteopathic roots, the accreditation process is straightforward and based solely on the CoP. The other positive difference is that the lead surveyor is always a physician, a feature that should resonate with most medical staffs who otherwise tolerate surveys as a necessary evil. We just completed the triennial surveys of our network hospitals as we were able to have a consistent approach across the network with standardization of policies without surprises in interpretations of standards. Still, there's always the temptation to major in the minors. One surveyor in inspecting the clinical laboratory found a closed container of bleach under a work sink. We all know that inspectors like to have nothing under the sink drain and we thought we had a process across the network to remove everything under the sinks and lock the doors. The pathologist who was accompanying the surveyor asked why the container of bleach was a problem. "Well, if the sink would leak, the bottle could be contaminated." The pathologist retorted, "It's bleach. Isn't that self-correcting?" Regardless, we moved the bleach to another location and continued on. Our lab is also accredited by the College of American Pathologists which has an enviable and very egalitarian method of doing surveys—they send a pathologist from another non-competing hospital with his/her team of lab tech peers to do the inspection. This volunteerism allows the surveyors to walk in their shoes but they also know what to look for and don't often miss important issues.

So there are alternatives. A sister network has recently gone with DNV and my understanding is that they were pleased with the transition. Of course, one could always go with CMS, but few hospitals take this option due to the hoards of surveyors that descend on your facilities. But accreditation is still a minimal threshold to achieve. One is never done with the process as

there is always the possibility of random, unannounced surveys and CMS validation audits. So continuing readiness has been a step in the right direction rather than just trying to cram for the final exam every three years. Now we can get back to the actual hard work of defining and measuring clinical outcomes, balancing our budgets, ensuring customer loyalty, improving patient satisfaction, meeting our community healthcare needs, recruiting physicians to a beach-free and mountain-free paradise and spend more marketing dollars. As long as we don't fiddle as the world burns!