Accreditation People Management

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Accreditation concept

Voluntary survey process used by non governmental , independent **external agencies to assess extent of healthcare organization's compliance** with applicable pre-established performance standards set by the agency

Accreditation involves both **self assessment** and **external review** (Accreditation surveys) focusing on **organizational performance**

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Purpose of Accreditation

- True commitment to improve the quality of care
- Willingness to be compared to like organizations
- Enhance confidence to the public.
- Requirement for contracting with health plans and receive reimbursements.
- Condition of payment for U.S federal programs .

To improve system , process of patient care and outcome

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Standards and performance measures

1. Assessing **actual performance** rather than capacity to perform.
2. **Processes and outcome** not simply structure
3. **Patient care issues** related to quality and safety.
4. The organization's **efforts to manage care** and to support **process improvement**.

The Benefits of Performance Standards in Evaluation

1. Eliminating Bias
2. Ensuring Consistency
3. Providing Clear Expectations
4. Facilitating Growth and Development
5. Enhancing Accountability

JCI accreditation programs

1. 3 year cycle
2. it shifted the focus from survey preparation to continuous improvement.
3. Periodic performance review PPR (Annual self assessment)
4. Priority focus process PFP (pre-survey review of organization specific data
5. Quality reports revision
6. Active engagement of physician and healthcare givers in the accreditation process

survey preparations

Just-in-time- JIT

1. Required ramp-up activities in **the months prior to the survey to ensure success**
2. During **unplanned surveys** crisis management cycle begins
3. **Compliance is not sustained**, but fluctuates in response to known survey cycles
4. **Additional resources** in order to be successful, such as extra time, energy, and people; as well as extra meetings for policy revision approvals and education on standards, roles, and survey process
5. Difficult to get **leadership attention** for identified compliance after survey

Continuous readiness:

Goal of continuous readiness programs is **to break crisis management cycles** and just-in-time cultures to provide **continuous safe quality patient care and sustained compliance** with evidence-based practices, professional standards, and regulations.

Key components of successful readiness programs:

leadership commitment and manager Accountability.
routine self-assessment.
survey preparation processes .
unannounced visit or survey plans

PERIODIC SELF-ASSESSMENT/PRE-SURVEY PREP

1. Establish **focus groups** for each important function of standards
2. Focus on **correcting any non-compliance issues**
3. Delegate any recommendations to the appropriate manager including person(s) responsible and **time frames or actual deadlines**
4. **Educate** all who should know about each pertinent improvement impacting their role
5. Review **credentials process and files** for (LIPs) for timeliness, completeness, and current competency status
6. Review **human resource process** and files for documentation of timely orientation and completion and maintenance of current competencies
7. **Educate** all staff concerning survey process, its importance, staff roles, policy & procedures
8. **Walk around inspection.**
9. Make **Corrective Action Plans**
10. These plans often are **written** in response to a survey, inspection, or gap analyses from that define. observations as well as recommendations for actions to achieve compliance for a given standard

PERIODIC SELF-ASSESSMENT/PRE-SURVEY PREP

11. Review **the previous two full survey reports**, as well as any random survey reports, looking for patterns in the organization

12. Previous **recommendations will be focus** areas for surveyors in future surveys.

13. Review **credentials process** and files for licensed independent practitioners (LIPs) ,**peer review reports** and human resources process.

14. Review and **revise all polices and procedures associated with the standards** (I couldn't control this item during the surveys) .

15. Identify **any changes in survey process** such as increased emphasis on patient safety will be addressed in any required **pre survey documentation and on site**

Leadership support/commitment:

1. Leaders must be willing to **change their organization's culture to one of readiness**.
2. leaders must understand the **business case for compliance and understand the costs of noncompliance**.
3. Leaders must **include continuous readiness within organizational strategic priorities** in order to change the culture.
4. Identify an **administrative team of key leaders** and managers to coordinate and oversee ongoing **compliance and survey planning efforts**. These team members **must have decision-making authority in the organization.**
   1. In some organizations, **the Quality Council assumes this role**. In other organizations,
   2. it may be the **administrative council** or **a leadership team** made up of key QM/PI team leaders and sponsors.

Communications and Information:

organization-wide information/communication improvements that make compliance easier e.g:

Putting **policy and procedure manuals and forms online**.
Providing an organization-wide **compliance calendar with review** dates, plan/report due dates, etc..
Computer sign-on screen.
QI/PI or **survey tips**, reminders.
Frequent **emails to staff concerning relevant standards**,
Progress reports.
Compliance needs.
Get the network rolling

Education:

Education programs can be designed around survey cycles over 2 or 3 years

Pre-survey (1 year):

focus of this year could be to **keep staff and leadership aware of key standards** and regulations and any anticipated changes as:

- sentinel event policies
- patient safety goals
- patient rights and responsibilities topics
- medication management
- infection control practices

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Survey year (year two):

Educate staff about:

- The purpose of the survey.
- The value of the survey to the organization
- Expected timelines for the survey (dates)
- Expectations during the survey process.
- Survey etiquette.

Post Survey (Year three):

The focus of this year could be very similar to the focus of the first year, with the addition of programs that highlight survey results and next steps associated with opportunities identified for improvement, as well as new programs associated with these opportunities or findings.

Unannounced Visits

1. Healthcare quality professionals should develop plans with leadership for how the organization will respond when an unannounced surveyor arrives.
2. These plans facilitate a smooth survey regardless of who is present or available to assist the surveyor, as roles and expectations are understood in advance.
3. After welcoming the surveyor, **request to see a photo identification card from the represented agency** or organization and obtain a business card from the surveyor.
4. The survey should not proceed without proper surveyor identification.

The role of the quality professional in accreditation

❑ Healthcare quality professionals in leadership roles cannot be the lone voices requiring compliance in complex organizations so he must ask the governing board to identify an administrative team and clinical leaders who will assume the responsibility for continuous readiness.

Provide the program **structure and education** to help managers understand their accountabilities and be successful.
Check with the agencies and organizations that survey their facilities to **understand changes in standards and regulations .**
Develop an **effective and efficient education plan that targets defined levels** within the organization also must develop an effective education plan that targets defined departments within an organization.
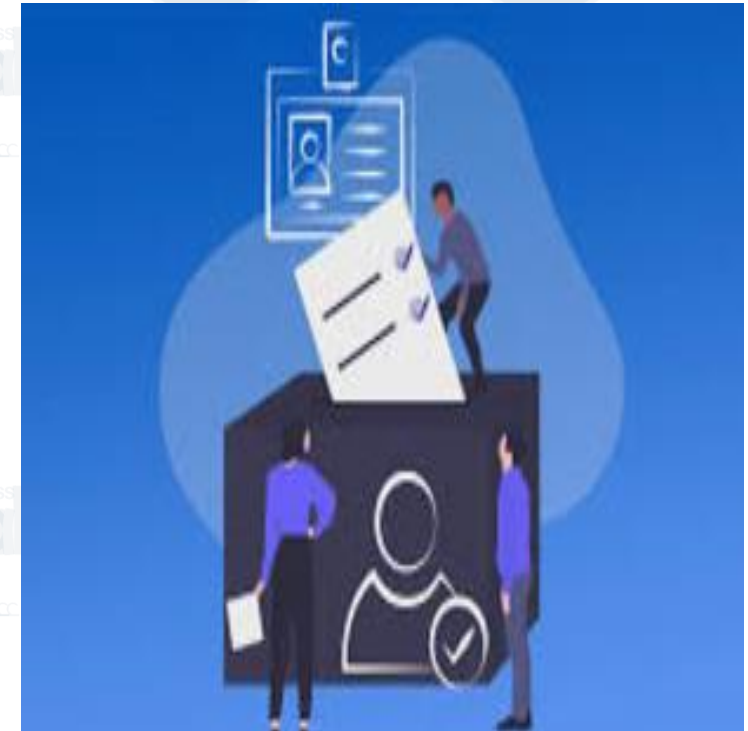
Exam Tips

Seeking for accreditation:

    1. Leadership commitment.

    2. Becomes familiar with the appropriate standards.

    3. Assign team for accreditation management and standard education

    4. Standards education.

    5. Communicate accreditation process to all staff. (Through the accreditation team.).

    6. Educate all staff members the FAQs by the surveyors. And check compliance to standards.

People management

❖ **Customer satisfaction begins with employee satisfaction**.

1-**That is why we strongly adhere to our people** , service and profit philosophy.
2-If we put our **employee first** , They will deliver **impeccable service** and خدمه خاليه من العيوب**profit** will be the natural **outcome**.

➢ **Leader as motivator:**
1- Motivation:

1- Encourage all to examine their own strengths and weaknesses.

2- Care OF all.

3- Listen actively and Discover others' strengths.

4- Remove barriers (dissatisfies) as much as possible and Obtain involvement

**5- *Lead by example* **.

6- Provide positive reinforcement and Ensure rewards.

7- Use the Pareto Rule: 20% of activities, if well prioritized, bring 80% of the results

WHAT IS PEOPLE MANAGEMENT?

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2-Situational management:

1. **Forces in groups and individuals need different response.**

2. **It is wise to respond based on a solid assessment rather than fixed bias.**

استجابته يتعامل مع كل واحد عل حسب

ان يكون حكيم وعادل بعيد عن التحيز

69% of the responses related to desire for empowerment, recognition and acknowledgement of value, not for more money.

Participative management

❖ **Management puts people first and believe that employees are active participants in the organization so they should contribute ideas towards identifying and setting organizational goals , solve problems and other decisions that may directly affect them and information must be shared among all members of the organization.**

The negative impact of fear on employee:

1-Lack of extra efforts.
2-Making and hiding mistakes.
3-Loss of effective problem solving.
4-Loss of creativity , innovation and risk tracking.

Participative management components:

1-Empowerment
2-conflict management
3-Problem solving and decision-making
4-Teamwork and education
5-Communication

Participative Management

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1- Empowerment:

❖ Giving employees **greater responsibility and authority** and information they need to make wise **recommendations or decisions and solve problems .**

Empowered staff are :
1-Properly trained .
2-Informed about and aligned with organizational strategies .
3-Authorized to act within parameters and feel secured no fear

Empowerment enables people to:

1-Take ownership of their jobs and make decision concerning their department.
2-Take responsibility for their decisions.
3-Add value to their jobs. **(the result)**

2- Negotiation:

Negotiation is the art of conferring التشاور **bargaining** المساومة **to reach agreement**

Types of negotiation

1-Hard negotiation: Out for "the kill" بيدى أوامر
2-Soft negotiation: Must be liked by the other side, giving in to ensure a good feeling يكون مرغوب من الجانب الاخر

Principled or interest-based negotiation: <u>win-win.</u>

1-Focus on the problem, not role as friends or enemies.
2-Separate issues from people; افصل القضايا عن الناس
3-Search for mutual gain based on each person's real interests. الربح المتبادل

Stages of negotiation:

1. Prepare: Document your objectives, **anticipate outcomes** that might differ from your own expectations.

2. Determine: each other's stated interests/goals.

3. Search: for compromise or options for mutual benefit (حل وسط).

Philosophy of negotiation:

❖ **Placing all relevant facts** before the disputants, discussing the basis **of disagreement**, and finding some **alternative solution** that **is best for the total organization.**

وضح الحقايق/ناقش نقط الخلاف/ ناقش البدايل المفيدة للمؤسسة

❖ **What course of action is likely to produce the best effect for all involved (WIN-WIN)**

STAGES OF NEGOTIATION

Preparation and Planning

Definition of Ground Rules

Clarification and Justification

Bargaining and Settlements

Agreements and Closer

Conflict Resolution Strategies:

1- Conflict is natural, neither positive nor negative.
2- Assume conflict can be healthy.
3- Focus on ideas, not people
4- Acknowledge the merits of every idea. مزايا كل فكرة
5- Use smoothing statements, such as, "Maybe there's another
interpretation...." or "What about the possibility that...".

If the group cannot reach consensus:

1-Step back and **analyze the situation**.
2-Review **members' thinking** ,Regroup the group, raise questions, suggest revisions.

3- Decision making:

1- **It is choosing one decision from alternatives** to determine a course of action.

2- There must be **at least 2 choices** or there is no decision , only forced choice.

Steps in decision making and problem solving:

1) Define the **problem** / issue.
2) Set **objectives** and gather data.
3) Establish **responsibility for decision making** (group or individual) and **delegate** appropriate authority.
4) Search for **alternatives** (all possible way of reaching the objectives) (**brainstorming**).
5) **Evaluate** alternatives.
6) Make the **decision**.
7) **Implement** (action plan – resources – time frame – individuals).

Decision by consensus

1-Consensus is a **group discussion** where everyone's opinions **are heard and understood**, and a solution is created that respects that opinions.

2- Consensus **is not what everyone agrees to.(not unanimous agree)**
But, **an acceptable resolution , one that can be supported by everyone**,
even if not the favorite of each one.

3-**Consensus** occurs **when the majority agrees on a certain course of action** and **everyone else in the group is willing to proceed for the sake of the group** مصلحة الجروب, even some may not have chosen that course of action and would prefer another.

Problem : A deviation from an expected occurrence that cannot be justified as appropriate under the given circumstances.
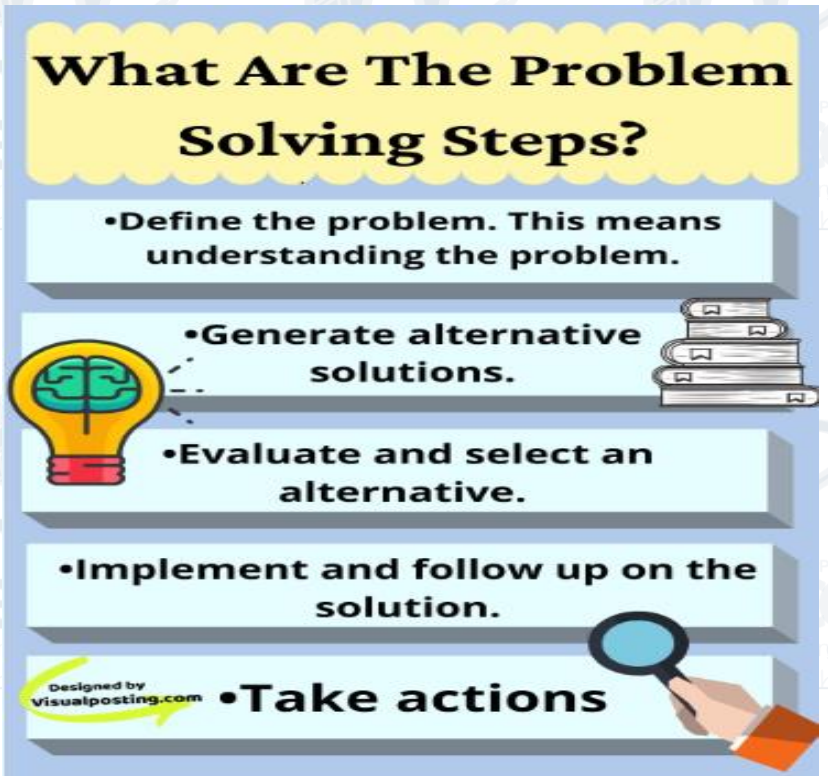
The key of problem solving is:
    involve people closest to the problem in both defining it
    and discovering the solution.(process owner)

1.Identification of the problem through :
through Implementation of a well designed **quality management**
program with clearly define **performance measure.**

2.Know the causes of the problems:
a. Inadequate **system or process** (85% of causes) .
process special cause variation. Wasteful unnecessary steps
b. **Lack of skills**.
c. Inappropriate **persons behaviour** (not more than 15%)

What Are The Problem Solving Steps?

- •Define the problem. This means understanding the problem.
- •Generate alternative solutions.
- •Evaluate and select an alternative.
- •Implement and follow up on the solution.
- •Take actions

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5- Change management

**1-Organizational change :** any change occur in the environment of work.

More important than changing processes and technologies is preparing people for change in behaviour.

Causes of change resistance

1-Social network : relationships with co-workers.
2-Economics : salary , career, job security.
3-Inconvenience : عدم الارتياح**extra duties, transfer , learning new ways**.
4-Fear of the unknown

Organization's ability to change dependent upon :

A- individuals including leaders.
B- Resiliency of individuals .
C- Role of leaders in establishment of the culture of change.
D- Behaviours needed to adapt to change.
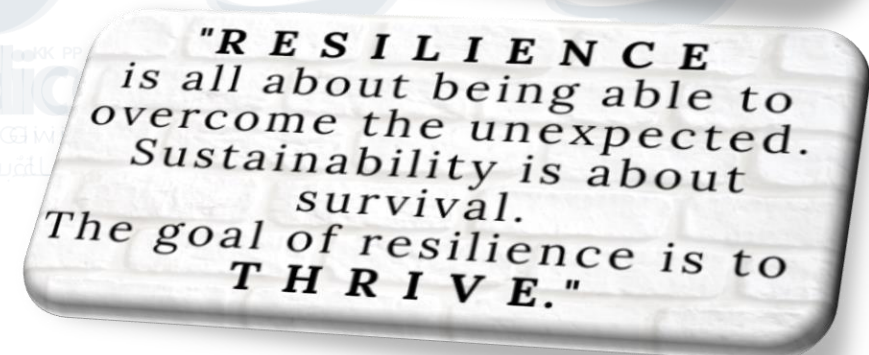
Change strategies:

1)The Value of Guiding Ideas

"Guiding ideas" include at least the organization's mission, vision, core
values, and strategic direction, and perhaps strategic initiatives
with
reasons for change.

2) Effective Change Management

1-A key managerial skill:

• on participatory management techniques.

• educating the entire organization on the anticipated impact of
the change.

2-The change agent(CPHQ specialist): Makes change occur or
facilitates group to effect change.

3-Group participation

4-Communication:

Resistance to change

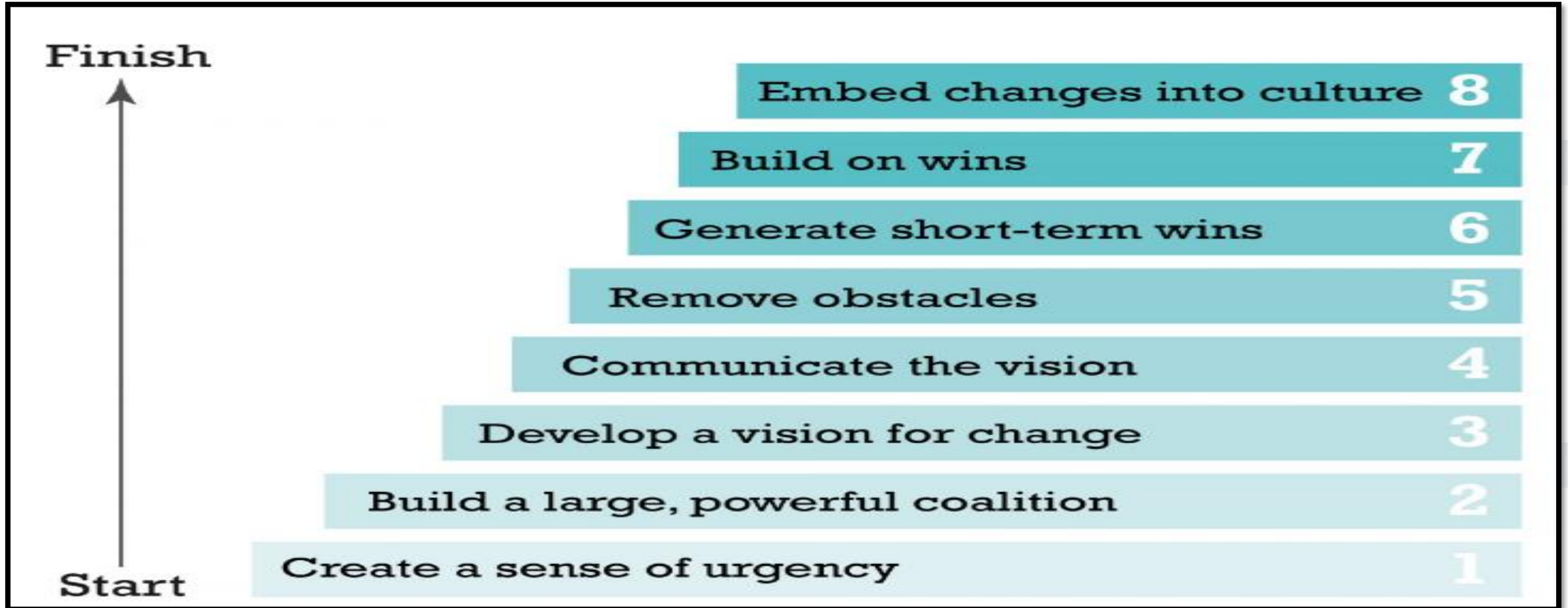➢ **Focus on decreasing resistance to change, not necessarily increasing desire to change.**

How??????

1. Explaining **the need** in advance.
2. Explaining the **benefits** of the change to the individual and group.
3. Establishing a receptive **frame of mind**.   الاقناع بالادله
4. Changing systems rather than people.
5. Provide a **vision** of the future.   اضع رؤيه
6. Listen , use data to gain support; **focus on the process**.
7. Confusion ("We need to change, but how?"): Provide a plan and process.
8. **Engaging people** in appreciating this improvement and in assisting in other improvement efforts.

Kotter's 8 step

Finish

8 Embed changes into culture

7 Build on wins

6 Generate short-term wins

5 Remove obstacles

4 Communicate the vision

3 Develop a vision for change

2 Build a large, powerful coalition

1 Create a sense of urgency

Start

lewin's change model

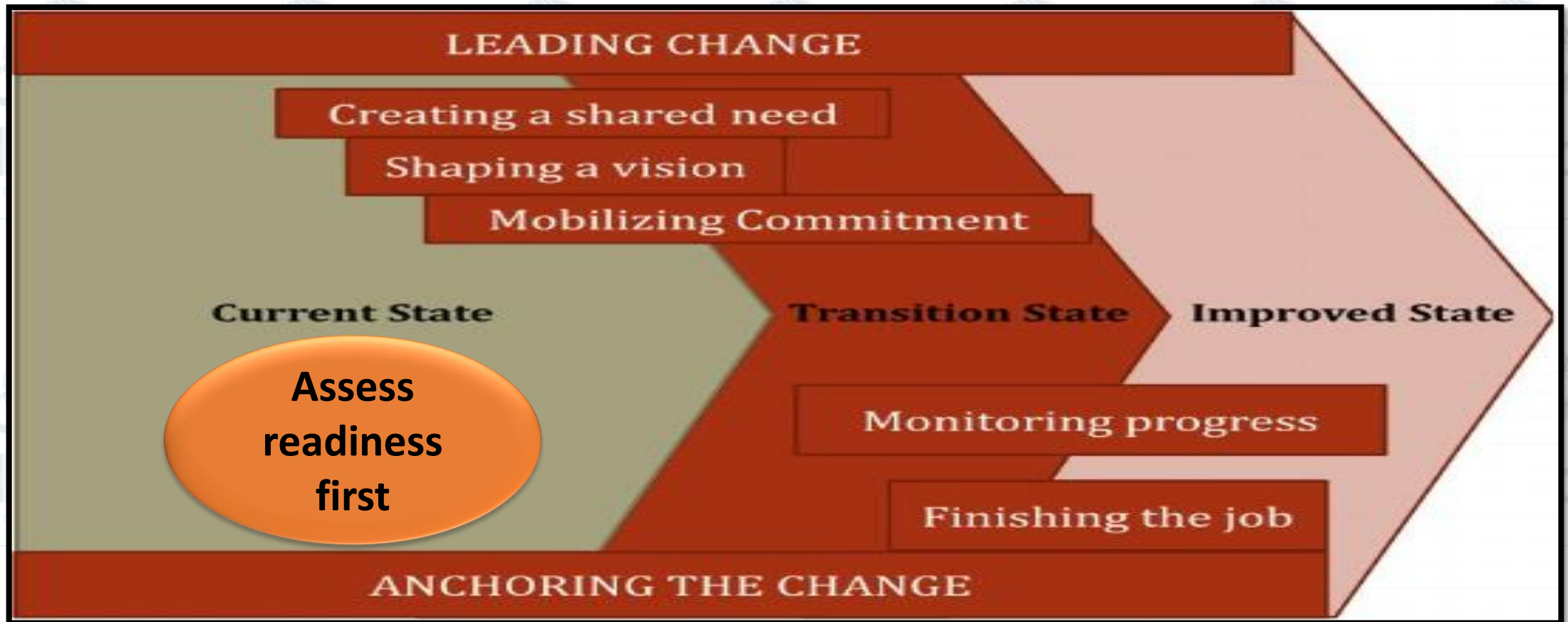| Unfreeze	Change	Refreeze
1. Recognize the need for change 2. Determine what needs to change 3. Encourage the replacement of old behaviors and attitudes 4. Ensure there is strong support from management 5. Manage and understand the doubts and concerns	1. Plan the changes 2. Implement the changes 3. Help employees to learn new concept or points of view	1. Changes are reinforced and stabilized 2. Integrate changes into the normal way of doing things 3. Develop ways to sustain the change 4. Celebrate success

palmer's change model