Quality council aids ASC staff in building skills

A new resource has emerged to help ambulatory surgery centers (ASCs) manage the proliferating requirements they face in achieving and demonstrating performance. It is the quality council.

“Another meeting?” one might ask. “Another task that does not include hands-on patient care?”

Actually, a well-run quality council can save time, ensure proper documentation and reporting of quality measures, and reduce anxiety regarding accreditation surveys and regulatory compliance. That can only mean better patient care.

“This process can help facilitate quality metrics,” explains Jan Allison, RN, director of accreditation and survey readiness for Surgical Care Affiliates (SCA) in Birmingham, Alabama.

To support the learning process, a mock quality council can help the staff gain skills they need to be effective, including summarizing and staying on the point.

A framework for quality
In recent years, regulators have sharpened their focus on ASCs to verify their adherence to procedures that ensure the best possible outcomes. Despite ASCs’ strong overall safety record, each incident in which a patent is put at risk renews public demand for more scrutiny of outpatient surgery facilities.

For example, the ASC Association reports that 80% of its members have a postsurgical wound infection rate of 1.5 per 1,000 patients. Yet a 2008 incident in Nevada where thousands of patients were exposed to hepatitis C led to a series of surveys and investigations leading to a requirement that ASCs institute formal infection prevention programs. That requirement, outlined in the 2009 ASC Conditions for Coverage, requires a data-derived quality assessment performance improvement program, including education and documentation to establish that the programs were actually in use and working.

Likewise, a 2011 Medicare rule that requires ASCs to begin reporting on quality measures in October 2012 also illustrates how regulators are watching ASCs more closely.

Efficient way to comply
With their limited staff, ASCs have been seeking the most efficient ways to comply. Multiple responsibilities are the rule in ASCs, with employees taking on recording and reporting duties related to their areas of expertise. CMS requires that physicians, owners, and board members participate in setting and enforcing policies.

As Allison notes, “A quality council reviews the same data they will have to report beginning October 2012, but [the council] is not directly required. However, one reason CMS wants ASCs to report quality measures is to be sure that they have data to use for improving quality.”

What the regulations do not mention is the need for coordination among ASC staff to meet the training, documentation, and reporting requirements. That is where the
quality council can help.

**Raising the standard**

In 2010, SCA conducted a survey and found that some, but not all, of the chain’s 145 surgery centers had formal quality councils. The councils varied in size and effectiveness.

Lee Anne Blackwell, RN, BSN, EMBA, CNOR, who, as group director of clinical services, works with Allison, decided to use the best councils as models, raising the standard for the entire chain.

“We were trying to take it to the next level,” she recalls.

The SCA internal poll showed that at many centers, the councils lacked focus, visibility, and institutional support. Some had only a few members, and, especially in smaller facilities, the members had doubled up on responsibilities. In some, physicians were not involved.

“We are seeing that if they engage more employees, whom we call ‘teammates,’ it sets up a stronger framework,” she says.

With more members, members can share responsibilities. Each has a partner who can serve as backup in delivering reports. When the council meets, if members are absent, partners have the necessary data. The partners do not need to share the same clinical discipline, Blackwell adds.

**Talk to me**

One skill quality council members need, Allison and Blackwell found, is the ability to communicate technical information quickly and effectively. That, unfortunately, is not a common trait of scientists, as they acknowledge.

“That has really been a big eye opener,” Blackwell says. “Clinicians are good at gathering data but not at communicating it clearly. We know how to complete logs and checklists. The next level is being able to summarize it, to make it meaningful for the quality council.”

They learned that presentation skills can be acquired through training and practice.

“That’s a special skill,” Blackwell says.

SCA’s quality council program has a component stressing presentation skills for new members who are otherwise qualified.

**The quality council toolkit**

Allison and Blackwell used the information they had compiled in their survey of member centers to design a model quality council and the criteria for establishing one.

The detailed package includes a position description for each member, the knowledge and skills that members should have, and the data and reports for which members are responsible.

**Conducting a successful meeting**

It also offers advice on how to conduct a successful quality council meeting.

A basic membership list should include the quality coordinator, administrator, infection control coordinator, safety coordinator, medication safety nurse, education coordinator, clinical leader of each department, credentialing coordinator, purchasing manager, risk manager, and physician.

The physician need not present data, but should review the reports and make
recommendations. Other staff may participate as needed, such as when they are managing special projects.

To show how quality council positions must be described, SCA provided examples from its toolkit for 2 positions: infection control coordinator and medication and pharmacy nurse coordinator.

**Infection control coordinator**
The infection control coordinator must present to the quality council updates on:

- infection data and trending
- risk management infection complication reports and root cause analyses
- infection control plan updates and annual reports
- sterilization outcomes (sterilizer and high-level disinfection equipment performance)
- external (community) and internal infection hazards
- infection prevention projects
- infection control education updates
- updates from regulators and accreditation organizations.

**Medication coordinator**
The medication coordinator must provide the following reports:

- medication management, inventory and safety
- consulting pharmacist activities
- performance improvement projects
- variances
- changes and updates in laws
- action plans related to medication management.

Get to the point
With such detailed information coming from a dozen members, it is easy to see how a quality council meeting can get out of hand.

“The council meets for about an hour, and that’s a lot of information to cover,” Blackwell notes. “The toolkit provides ways to prioritize and summarize based on the reports and logs.”

She and Allison have been working with staff at the SCA centers, using the toolkit and an additional strategy: practice sessions, known as mock quality council meetings. First, they meet individually with members to review the list of responsibilities and reports applicable to that position and then discuss how to present the information.

Blackwell says she asks each member, “What are the top 3 to 5 things you need to say?”

She tells them they will have only 5 to 10 minutes to convey the highlights of the reports and checklists they may bring to the meeting.

“To get to the point—that is the hardest part,” she says.

Mock council meetings
With the quality coordinator and administrator as co-leaders, each center is encouraged to conduct mock council meetings. The meetings focus on practicing presentations, staying within time limits, and sticking to the main points.

Blackwell and Allison also suggest preparing an information packet containing each position’s reports and backup documents. Handing these out at or before the meeting helps other members become familiar with the subject, making the sum-
maries easier to follow.

In actual meetings, the council files some of these documents with the meeting minutes. Accreditation surveyors are interested in the minutes, Blackwell notes.

“The minutes tell the whole story to them. They pick something out and say, ‘Where are you with that?’ ”

An ASC’s governing body can also use the minutes to assess activities and findings and develop plans.

**But does it work?**

Recently, one of the SCA centers decided to establish a quality council in the hope that it would help resolve some issues raised in the previous accreditation survey. Because of gaps in its quality measurement and reporting processes, the center had received a limited accreditation.

With its detailed lists of responsibilities and checklists, the toolkit allowed the center to fill in those gaps. For example, the education coordinator did not have a job description, an oversight that became evident immediately.

The council practiced, held meetings, shared reports, and then filed minutes and documents.

When the next survey came around, Blackwell recalls, “They showed evidence of a much more robust quality control process.” The surveyor noted that improvement and awarded the center a full 3-year accreditation.

**Backed by commitment**

As that center’s experience showed, the quality council is most effective when backed by commitment and motivation.

An ASC considering a new quality council should choose its initial members carefully, as it must reflect the ASC’s values, expertise, and dedication, according to Allison.

Values can include teamwork, integrity and clinical quality. “Most centers have that on paper,” Allison says, “but all may not share in the culture. You need people who drive a positive culture.”

Shared values are so important, she adds, that an ASC starting a council should consider selecting members primarily for that quality: “Even if they are not required to make any reports, you want them on the council,” she says. “They have fresh ideas and enthusiasm. It’s contagious.”

Blackwell adds, “New employees are good candidates because they have just been educated about the ASC’s mission and values, she says. “Skills can be developed.”

—Paula DeJohn