

# CASE STUDY

Simplification Leads to  
Compliance Excellence



# BETTER UNDERSTANDING OF THE STANDARDS HELPS BUILD APPROPRIATE POLICIES AND PROCEDURES FOR A MORE SUCCESSFUL SURVEY

## CLIENT

A large, tertiary healthcare system in New England with three facilities:

- 700-bed academic, research, and teaching hospital including level I trauma and neonatal care
- 90-bed community hospital
- 25-bed community hospital

Many of the department directors and functions cover all three hospitals-and the same administrator oversees the two outlying hospitals-allowing for consistency between the individual facilities.

## BACKGROUND

Although the system has a strong, active internal accreditation readiness program, it has an ongoing relationship with The Greeley Company to objectively evaluate its compliance with both CMS and The Joint Commission. “They rely heavily on Greeley consultants to come in, take a look at their activities, and discuss what’s happening in accreditation across the country,” noted one of the Greeley consultants.

The organization makes significant use of Greeley’s aggregate experience with accreditation updates and challenges. Greeley consultants help the organization craft working agendas to target areas they have been struggling with, improve corrective action work plans, and weigh in on regulatory compliance issues and priorities.

## CHALLENGES & SOLUTIONS

### CHALLENGE #1: DISTINGUISHING DIFFERENCES WITHIN A LARGE, COMPLEX SYSTEM

One continuous challenge the organization faces is simply the size and scope of the system. “The main hospital is very large, while the others are small, so they struggle-like most systems do-with policy and procedure management and whether to have different procedures at the smaller hospitals where they don’t have the types of staff they have at the large medical center,” the Greeley consultant explained.

Greeley has advised that the organization does not need different policies for the same process for each of the three hospitals; rather, it has helped the system create and streamline its policies to adjust for the specific settings.

“It’s okay to create a subheading within the policy and procedure to adjust it for the smaller facilities,” noted Greeley’s consultant. “It’s okay to have those differences in process because the level of care is the same, but the process to get it done is a little different.”

## **CHALLENGE #2: REALLY UNDERSTANDING STANDARDS AND CITATIONS AND HOW TO RESPOND-AND AVOIDING “EXTRA WORK” AND “OVER-COMPLIANCE”**

Sometimes, Greeley’s best advice is to identify when an organization is setting its own bar too high. Many organizations respond to citations above and beyond the requirements of the standards, thus setting themselves up for failure to meet an unachievable goal.

In the case of this New England client, Greeley consultants helped overcome Joint Commission citations for not documenting in the medical record abuse and neglect for every pediatric case in the ED.

Greeley pointed out that there is no requirement to document that an examination for abuse and neglect occurred-the standards require only that staff are knowledgeable about how to recognize the signs and systems and that there is a process to refer and report those signs.

“You don’t have to document it for every patient,” said Greeley’s consultant. “The requirement is if you see it, you recognize it.”

The organization might have responded to the citations by changing its assessment tool in the ED to add an unnecessary step in the documentation process. However, Greeley was able to point out that its current practices were appropriate and assisted the organization in writing a clarification based on what the standards require.

“Most organizations want to get their report from The Joint Commission, respond to it, and get it off their plate, but sometimes the response puts them at a higher risk next survey. Plus, responding to citations by going above and beyond the standard creates extra work that doesn’t add any value to patient care,” the Greeley consultant explained. “Let’s go back, look at the standard, and make sure your organization truly understands the standard and what it means to your day-to-day processes.”

Even if, in the past, an organization has overstepped in response to a surveyor or citation, it is never too late. Reevaluate, and if you have over-interpreted the standard, you can revise your policies and procedures in the name of efficiency-while remaining compliant.

## **CHALLENGE #3: RECOGNIZING OPPORTUNITIES FOR ACHIEVING CONSISTENCY, WHERE ADVANTAGEOUS, AND SHARING BEST PRACTICES ACROSS THE ORGANIZATION**

During an onsite mock survey, Greeley consultants found the documentation of restraint usage to be inconsistent due to the fact that the organization is transitioning from paper to electronic records.

“The orders were simple, but when it came down to saying ‘show me your documentation of your evaluation of the patient for restraint,’ it was somewhat difficult,” said the consultant.

Greeley noted, however, that the behavioral health department seemed to be doing a much better job of documenting restraint usage. They sought out an internal expert in the behavioral health department

and together they identified that other departments were, in fact, unable to access an electronic document for restraint use-and this “ah-ha” moment led to medical/surgical units gaining access to the electronic document.

For over 30 years, The Greeley Company has helped hospitals and health systems across the country achieve compliance and successfully navigate surveys. For more information on how Greeley can solve your organization’s unique challenges, contact us at 888.749.3054 or [info@greeley.com](mailto:info@greeley.com).

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