

# accreditation is more than credibility

quality care standards are not only helping patients, but profits as well.

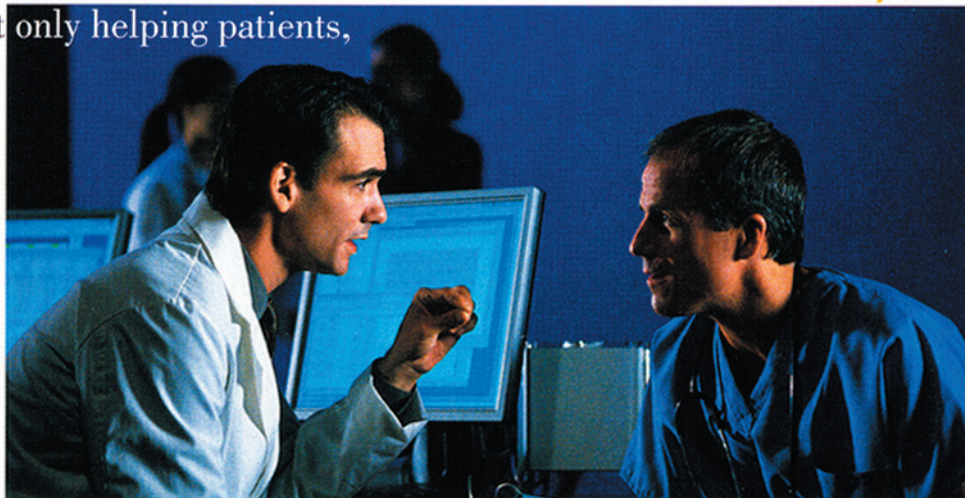
**We all agree that regardless** of your specialty or type of facility, providing quality care for your patients should be your number one priority. It's not always easy to determine the level of quality that you are achieving, especially in comparison to others in your field. The need for this type of assessment was a major reason why the concept and process of accreditation was established. You will see in this article that it makes a marked difference for the quality of your livelihood and your patients' lives.

Accreditation at its most basic is defined as a process in which there is official recognition of competency and credibility within a given industry or field of study. In the medical field, there are high expectations — by the general public, by peers, by the Centers for Medicare & Medicaid Services (CMS) and by third-party payers — that those providing services are competent. Recognizing the need for facilities (including imaging services) to demonstrate quality care, several oversight organizations have developed accreditation programs including the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), the Intersocietal Accreditation Commission (IAC), and the American College of Radiology (ACR).

While accreditation is a voluntary process, there is a growing trend to link accreditation of diagnostic imaging facilities to reimbursement. Examples include the payment policies implemented by United HealthCare as well as a number of Medicare carriers. This trend is mirrored in the ambulatory surgery sphere with 25 states and the District of Columbia now requiring or recognizing accreditation of certain types of ambulatory surgery facilities.

Accredited diagnostic imaging facilities, or those wishing to become accredited, do so for various reasons. For many, it serves as a formal demonstration of the level of care provided to their patients. For others, reimbursement issues may be the driving force to obtain accreditation. Accreditation can also serve as a recruitment tool to attract a higher level of clinical personnel, providing a competitive edge.

Accrediting bodies are comprised of councils or sponsoring organizations that work to establish standards through the study of common practices, via surveys of clinicians, within a particular specialty. Facilities are then able to measure the quality of their own services against nationally recognized standards



within their specific industry. Two accreditation divisions of the IAC, the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), created in 1990, and the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL), created in 1996, have developed comprehensive, peer-review accreditation programs.

The accreditation process for vascular ultrasound and echocardiography, for example, permits a facility to review its daily operations, processes and protocols as compared to established standards. Included in this gold standard benchmarking process are: clinical staff competencies, patient safety, testing protocols, final reporting processes as well as an on going quality assurance program. After making an internal assessment based upon these criteria, a facility will make necessary changes to meet accreditation standards prior to submission of the actual accreditation application. This process can be very labor intensive, requiring rigorous attention to detail. While the process itself can be very frustrating, the end result can be just as rewarding.

Because the dedicated personnel time it takes to achieve accreditation can be daunting, many clinics and facilities choose to outsource the accreditation application process to third-party providers that specialize in this service. If your facility is looking to work with an accreditation services provider, the following are some important methodologies to look for.

- Look for a provider that will offer you a dedicated accreditation project manager, with clinical experience in your field, to guide you through the entire process.
- Be sure the provider understands your particular industry, and preferably has actual firsthand experience in managing

accreditation requirements in a facility similar to yours.

- Choose a provider that will not only review your policies, procedures, protocols, case studies, etc., based on accreditation standards, but will also work closely with you to update and/or develop these as needed.
- Utilize a provider that will supply you with, and adhere to, a specific project schedule with appropriate update milestones throughout.

Optimally, the selected provider should also suggest or offer products that assist with clinical outcome reporting and quality assurance maintenance so as to keep you inline with ongoing requirements, and ease the re-accreditation process.

Given the current environment of shrinking healthcare dollars, it appears that reimbursement will be increasingly tied to the ability to demonstrate quality outcomes. To that end, it is critical to utilize an ongoing quality assurance management process — including an extensive patient registry — and to stay up-to-date on accreditation requirements.

In the future, it seems likely that new CMS requirements and/or private insurance mandates will be specifically tied to reimbursements. Now is the time to ensure that your facility or practice is providing a gold standard of care. Accreditation can provide that peace of mind for you, and your patients. □



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