

## Accreditation as a Program Strategy: Understanding Options for Achieving Excellence

By Amy Newell

New facets of the long-standing quality discussion are shifting the paradigm of what it means to provide “excellence” in today’s healthcare landscape. **Value over volume, quality over quantity, full continuum disease episode accountability, and increased (and increasing) patient experience and satisfaction expectations all require a renewed focus from cardiovascular program leaders, physicians, and caregivers.**

And while external forces continue to drive quality standards, most notably in ‘pay for performance’ initiatives, many hospitals are seeking ways to combat the challenges posed by shrinking margins and the pressure to do more with less.

Patients have choices when it comes to meeting their healthcare needs and likewise, physicians can choose the environment in which they provide care. In today’s transparent environment, this is especially relevant as hospitals compete to become market leaders, attract exceptional talent, offer the highest quality care, and maintain profitable margins. As simple as this sounds, **the effort takes commitment, collaboration, alignment of interests, and aligned organizational efforts to take the next step in elevating a cardiovascular program to the next level.**

One way to drive organizational efforts toward achieving key clinical, operational, and financial goals is through **program accreditation.**

Indeed, accreditation has swiftly moved to the strategic forefront for cardiovascular program leaders in states that employ strict criteria related to the ability to offer quality lifesaving clinical services. While several states (Pennsylvania, Michigan, and Georgia) require some type of formal accreditation or verification as a way for state departments of health to ensure hospitals maintain a strong focus on quality patient care, accreditation has also evolved into a way for hospitals to differentiate in an increasingly competitive market for cardiovascular services.

For many years, volume has been the most sensitive (and debated!) issue for hospitals seeking to expand cardiovascular services offerings. In states without formal guidelines, accreditation can be equally valuable for verifying best practices, and in the process, providing a competitive advantage in all hospital settings. To ensure that more rural (often lower volume) programs achieve and maintain stellar outcomes while also enforcing strict patient

selection criteria, accreditation has become the ‘gold standard’ for these hospitals as well.

There is no doubt that competition for cardiovascular patients is on the rise in regions all over the country. With more widespread expansion of advanced cardiovascular procedures, along with technological improvements, evolving patient selection criteria, and community pressure for increased access, the value of accreditation is increasing.

Regardless of size, procedure offerings, or location, Corazon believes that all hospitals can benefit from program accreditation. With process- and protocol-driven care delivery, as verified through a program accreditation effort, the cost and quality equation can be positively impacted.

Clinically, an accredited program offers many great opportunities and benefits, and one such benefit is the priority and focus given to patient safety. During the pursuit and achievement of program accreditation, patient safety should resonate as a “best practice” model each and every day.

Responsible patient safety begins from the time the patient arrives through their entire stay at each point along the full continuum of care. Each member of the care delivery team should be empowered to employ a strong culture of patient safety. There are many measurable examples of this effort; one in particular is to ensure solid radiation safety practices and adhere to universal protocols minimizing radiation exposure and patient risk through responsible practices and education.

Additional clinical components such as standardizing care processes, such as protocols and/or order sets through accreditation, allow for greater efficiencies, which will offer an opportunity to increase procedural volumes.

Beyond patient safety and care efficiencies, **quality should always be top of mind and utilized in driving performance improvement.** Corazon strongly believes that the ability to monitor concurrent clinical outcomes is critical to a program’s ongoing success.

Programs that achieve and sustain stellar clinical outcomes have done so through continued quality improvement (CQI) efforts. CQI should be used in driving performance improvement, and for those that have achieved program accreditation, they have done so by

recognizing and implementing corrective actions specific to less-than-desirable outcomes. Achieving program accreditation forces a more formalized CQI, which directly impacts outcomes and the achievement of national benchmarks, which in turn can offer financial and community recognition in some states.

Regardless of the situation in individual states, the healthcare industry should seek to provide best practice care for all patients; therefore, the outcome for a patient in a rural community should be the same as a resident of a large city. Giving access to the best care should be the goal, rather than the consideration of any other agendas. Indeed, the patient will most benefit when cardiac services within the continuum of care are offered appropriately and effectively with a qualified team.

In Corazon's experience, the **key components and benefits as a result of accreditation include:**

- Physician collaboration among providers
- Formalized continued quality improvement
- Improved community perception and reputation
- Ongoing education
- Internal and external marketing opportunities
- Ongoing longitudinal program assessment

The inherent value associated with these components cannot be understated in their relationship to clinical, operational, and financial success. The impact of accreditation results can open up great potential for a program, even one that was already successful! The added cachet of program accreditation does much to raise community perception and may positively influence where patients choose to seek care.

Furthermore, without a doubt, the ability to bring physician providers together to collaborate not only with their peers but also with executive leadership can result in a coordinated effort to reach program goals and milestones. ANY effort that brings hospital leadership and physicians into a more productive working relationship for the benefit of the patient is one worth pursuing, especially if a positive impact on patient care will ultimately result.

Given the rapidly evolving healthcare reimbursement landscape, the question is no longer "if" accreditation of clinical programs will be required, but rather, "when." The sooner this effort is launched; the sooner improvements will be realized on behalf of the organization and its patients.

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*-Patient Care Manager, Cardiac Cath Lab  
Michigan Hospital*

**Corazon is a national leader in strategic program development for Cardiovascular, Neuroscience, and Orthopedic programs and practices.**

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Once this issue was discovered, Corazon collaborated with the administrative and medical leadership of the program to develop a reasonable and realistic action plan that would ensure ongoing compliance. The plan included random checks of physician and staff on-call schedules, reviews of transfer logs, and documentation assessment for emergent PCI and acute coronary syndromes from all areas of the hospital, not just the cath lab.

The plan even called for the submission of data through CPT<sup>®</sup> (Common Procedural Technology) billing codes for emergent services provided, in order to act a system of checks and balances with other clinical data.

The outcome of this corrective endeavor was positive on a number of fronts. The organization was able to develop plans to secure continuous coverage for the cath lab from both a physician and clinical staff standpoint, as well as plans for addressing any unanticipated outages, such as electrical failure. The hospital was also able to gain additional physician buy-in, once it became clear that any lapse in coverage could jeopardize the program.

This particular hospital even gained an increase in revenue per case when it was discovered during the CPT code-level review that some cases were being incorrectly billed at lower service levels.

As a named accrediting body in both Pennsylvania and Michigan, as well an approved third party verifier in the State of Georgia, Corazon holds programs not only clinically accountable (as in the example above), but offers an exceptional CQI program, ensuring the highest level quality of patient care outcomes are being employed and maintained. Corazon offers ongoing quality program oversight: should a program fall below a defined benchmark, we are able to quickly engage and reinforce best practice and evidence-based recommendations, also providing the necessary education and tools to maintain and exceed expectations on an annual basis.

Whether accreditation is a mandated process or a strategic initiative, **all cardiac programs should agree that a third-party review of clinical and operational processes is of benefit to the overall program and the patients it serves.** If the competitive landscape is intense, using program accreditation as a differentiating factor can work well for reinforcing a positive public perception in the community, especially as patients increasingly exercise their ability to choose where to receive care. As the trend for quality and transparency evolves, verified best practice performance through the vehicle of accreditation serves everyone, whether patients, clinical team members, administrators, hospitals, or the community at large.



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