



# Accreditation News

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## Celebrating our Silver Anniversary with A Mission

Next year, Steven Hirsch & Associates will be celebrating 25 years of providing high quality accreditation licensure and Medicare certification preparedness services to the health care community. To recognize this milestone, the SHA team recently spent time defining our mission, vision and values. Like many health care organizations, we found that the exercise provided thought-provoking conversation and spirited debate among our staff members. We are pleased to share the final results that we feel define our mission, vision and values.

### Mission Statement

*Our mission is to provide dynamic integrated expertise that supports health care organizations in meeting and exceeding patient care standards as mandated by the regulatory environment.*

### Values

*Credible Ethical Expert Integrity  
Professional Responsive*

### Vision

*To provide a positive and supportive environment that fosters professionalism while providing the highest quality client centric consulting expertise in the health care industry.*

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## Accountability from the Top Down

Like most American corporations, health care organizations are structured in a pyramid fashion, with the leader at the peak of the pyramid and the legions of support personnel around the expanding base below. While this clearly demonstrates who has ultimate responsibility and presumable authority, the accountability piece is often less clearly defined.

Accountability is a word that is often bandied about for ensuring that there is an individual who will answer up when a project or process is called into question. While the underlying theory of organization dynamics asserts that the "ultimate accountability" rests at the top, in reality this is not always the case. Every Chief Executive Officer will tell you that they are ultimately accountable for the happenings within their organization; in actuality, the individual who is doing the actual work is informally given the accountability, but often without the authority to accomplish the given task.

An important component of accountability is the **ability** to devote appropriate resources to the project. These resources are not only financial ones, but also the intellectual, developmental, and supportive resources that impact the success of any initiative. Each of these unique and independent elements is essential to having a program or project that is successful, that has ownership, and will ultimately reflect the organization's goals, mission, and values.

What we are beginning to see today in healthcare is the downward pressure to participate in, complete, and be successful in a variety of projects, with each respective manager being held "accountable" for the project. But organizations are not--or can not, or will not--devote the appropriate resources necessary to complete the project. One particular example is the State of California's requirements for reporting surgical site infections. It is being well documented that this project will require an enormous amount of resources, yet most hospitals are not prepared to

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devote them--- still, the “C-suite” is holding the Infection Control officer responsible and accountable without truly dedicated support.

Health care leaders need to re-think what the accountability process really entails. New regulations or refinements to old ones should trigger a discussion and examination of what resources will be necessary to appropriately manage the demands of any new requirements. As we have seen over and over in organizations, accountability--without **ability**--- ultimately sets everyone invested in the organization up for failure.

**Written by David Woodard, M.Sc., CLS, CIC, CPHQ and Becky Barney-Villano**

## New Telemedicine Regulations

On May 2, 2011, the Centers for Medicare and Medicaid Services (CMS) published the final rule on privileging for telemedicine providers, which went into effect July 2, 2011. This final rule permits hospitals and Critical Access Hospitals (CAHs) to implement a new credentialing and privileging process for physicians and practitioners providing telemedicine services. The new rule eliminates the Joint Commission standards that allowed hospitals to credential by proxy. CMS did take into consideration the burdensome credentialing and privileging process for each practitioner who will be providing telemedicine services to hospital patients. Hospitals are allowed to utilize information from the distant site hospital or other accredited telemedicine entity when making credentialing or privileges decisions for the practitioners providing services at the originating (local) site.

Hospitals must ensure that the practitioner providing services via a telemedicine link is licensed in the state in which they are applying for staff membership and clinical privileges. The telemedicine practitioner must be a member of the originating site medical staff and be subject to all applicable bylaws, rules and regulations of the medical staff. The privileges being requested must be hospital specific. The medical staff must ensure competency through Focused Professional Practice Evaluation upon initial application and every two years thereafter.

While hospitals and CAHs may use third-party credentialing verification organizations to compile and verify the credentials of practitioners applying for clinical privileges, the hospital's governing body is still legally responsible for all privileging decisions based upon recommendations of its medical staff, after the medical staff has thoroughly examined and verified the credentials of practitioners applying for privileges.

**For those of you located in the State of California**, please note that the Department of Public Health issued AFL-11-33 in August of this year, in which it acknowledges the revised CMS guidelines concerning the credentialing of Telemedicine providers. In that All Facilities Letter, the California Department of Public Health states that under Title 22, Section 70701, the governing body of a hospital is required to appointment members to the medical staff and under Section 70703, through an approved medical staff process, clinical privileges are to be granted. Based on these requirements, the All Facilities Letter indicates that, “CDPH will continue to require each hospital to credential and privilege Telemedicine providers in accordance to Title 22 requirements through the formal procedures contained in written Bylaws for properly evaluating, credentialing, and privileging providers that are currently licensed to practice medicine in California.” In other words, in the State of California, Telemedicine providers must be fully credentialed by the hospital. Hospitals may not rely on the “distant site” for credentialing, as permitted in Joint Commission Standards, and now in CMS Conditions of Participation.

**Written by Steve Hirsch, MPA, FACHE and Margo Smith, RHIT, CPMSM, CPHQ**

## Changes in Leadership

For some time now, Dave Woodard has been speaking of retirement. Well, while it is not exactly retirement, Dave will be relinquishing his Vice Presidential responsibilities at Steven Hirsch & Associates to take a position with Valley Medical Center in Las Vegas, where he has been spending the bulk of his time the past several months, representing SHA. He will be the infection prevention and control officer for several hospitals operated by Universal Health Services, in the Las Vegas market. In this capacity, Dave will provide support to multiple ICPs and the various facilities, and work in an academic base. Dave is a wonderful resource, teacher, and friend with a great sense of humor, and fortunately, will remain on our staff as a consultant, available to participate in surveys and special projects. Dave's last official day as Vice President was in August and he has relocated to Las Vegas. He will be missed. The best of luck to you Dave!

We have been fortunate to recruit Shannon Oriola to take on the position of Vice President, Infection Prevention. Shannon comes to Steven Hirsch & Associates from Sharp Healthcare, where she has served in the capacity of Lead Infection Preventionist for the Sharp Metropolitan Campus, which includes Sharp Memorial, Vista Pacifica (Psychiatric), Home Care, and Senior Services. Shannon has been in infection prevention and control since 1995. She is involved in the legislative advocacy efforts of APIC, has served as an APIC liaison to the National Quality Forum, and on the APIC National Board. She currently is serving her second term as President of the California APIC Coordinating Council. Please join me in welcoming Shannon to SHA!

**Written by Steven Hirsch, MPA, FACHE, President**