



How to Always Be Accreditation Ready

This month's spotlight started over a year ago, preparing the arrival of The Joint Commission (TJC) for one facility's hospital accreditation and patient-centered medical home (PCMH) certification survey. The nearly yearlong delay was due to the COVID-19 public health emergency, but **when you have a team and staff that work throughout the year to stay continuously ready**, a delay is no problem.

The Partnership to Advance Tribal Health (PATH) team provided technical assistance to help the hospital stay survey ready, including accreditation, certification and PCMH huddles. The hospital's quality director and performance improvement officer attended seven of the eight weekly PATH huddles. Representatives from the Area Office also attended these huddles:

- [Accreditation Guide and Preparing for Continuous Readiness](#)
- [Patient-Centered Medical Home Self-Assessment Tool](#)
- [Preparing Staff for a Survey](#)
- [Crosswalk of Accreditation Program Tool](#)
- [Quality Assurance and Performance Improvement \(QAPI\)](#)
- [National Patient Safety Goals](#)

Feedback from the facility and Area Office attendees was that the sessions were helpful and kept everyone up to date on the current standards, providing a checklist or tools to help with survey preparedness. PATH quality improvement advisors (QIAs) also shared guidelines for responding to surveyors, which reviewed tips and common surveyor questions for staff.

PATH kept the facility updated on the new and revised TJC standards by reviewing the prepublication requirements during the PATH QIA and facility/Area Office meetings.

Another resource included [the QI continuum worksheet](#), which is an assessment developed by PATH that helps to identify opportunities that strengthen and improve the ongoing quality improvement capacity within the organization. This process identified opportunities for improvement with QAPI training. PATH QIAs shared resources with the facility related to [the QAPI on-demand trainings](#) and the [QAPI toolkit](#), which provides a step-by-step guide to implement and support a QAPI program. The quality director completed a re-evaluation of the QI continuum, which indicated an opportunity to improve QAPI knowledge and understanding among staff by developing a plan for annual staff QAPI training.

While TJC was onsite for the hospital accreditation survey, the PCMH recertification survey was also in progress. The team prepared for the two-part survey by attending the PATH PCMH huddles and completing the PATH PCMH self-assessment tool, which includes the most recent TJC PCMH standards. Once completed, the facility was able to review [the tracking dashboard](#) that compiles the overall status in each of the categories and track evidence of compliance. The quality director also documented comments in the tool specific to the facility that can be reviewed and compared to future PCMH recertifications.