A personal accreditation experience

Recovery Ways is a residential substance abuse treatment center located in the greater Salt Lake City, Utah area. After four years of research, our organization was formally established in 2009 with the mission to “provide the most cost-effective substance abuse treatment possible, making it accessible to as many people as possible, with the best of professional staff, to produce positive patient outcome results.” All professionals associated with our facility share and practice this mission.

Recovery Ways’ substance abuse rehabilitation experience occurs in a home-like atmosphere and focuses on helping residents create balance in their lives. The program helps clients get to know themselves and their disease of addiction, understand how they got to where they are, decide where they want to go, and learn the tools that will help them get to where they want to be and to stay there.

Non-classroom activities play an important role in the rehabilitation process, with physical and recreational activities incorporated into the program to help the body with the detoxification process. These activities provide positive growth experiences that clients can turn to as an alternative to substance abuse.

Commitment to quality

Recovery Ways spent considerable time and money developing its treatment program, as well as on our facility—built with input from professionals such as therapists, physicians, psychiatrists, psychologists, behavioral hospital maintenance professionals, security professionals, interior designers and even restaurant owners and chefs. Accreditation constituted a logical next step in living the mission.

Specifically, we decided to pursue accreditation for the following reasons:

- The industry is scattered with many participants of diverse backgrounds, objectives, beliefs and professional skills. Accreditation would set our organization apart from others by offering independent evidence of our commitment to meeting high performance standards.
- We needed an evolving framework of quality assurance. Again, an independent framework that met our mission statement would be best in spirit and in practice.
- We wanted to communicate to stakeholders, payers, state and federal authorities, and other third parties that we stand for excellence by aligning our center with established standards of excellence within the industry.
- The cost of continuously staying informed of industry change, new research, and new laws and regulations was formidable. Sharing the costs of such activities
among like-minded professionals in an accrediting organization was obviously more cost-effective over time.

Organization choice

Prior to comparing The Joint Commission with CARF and other accrediting organizations, I asked numerous doctors, rehabilitation providers and therapists for their opinions on accreditors. After listening to many different points of view, I could only conclude that the information was inconsistent and not always based on facts. Our center decided that a detailed fact comparison approach (based on our mission statement, goals and objectives) constituted our best strategy.

In authoring this article, I believe my role is to suggest an approach for others considering accreditation, rather than presenting my detailed findings for each area I analyzed. In order to find out what is right for your organization, I believe you must follow this protocol or develop your own organized approach to come to a decision that is right for you. I am very glad I did my review because the varied opinions of others were unclear and more often inaccurate than accurate. I spent a few days of detailed comparative analysis looking at every aspect of relevance to our center.

The decision to be accredited and the choice of organization is a bit like the decision to get married. It has an impact on your future day-to-day management and practices from the decision day as your organization grows and changes over time. You need to decide if you want to get married and to whom, based on your criteria—not your associates’ opinions.

We compared many aspects of accreditation such as required standards; effective date of first audit compliance; recognition by state authorities, insurance payers and the public; resources to help us through the process; routines and reporting subsequent to the initial audit; and costs (including current and future fees as well as costs of internal time related to ongoing compliance).

For our purposes, the decision was clear: We wanted to align with The Joint Commission because of its reputation for excellence, the consultative and professional nature of its suppliers, and its willingness to help us through the accreditation process. We have never looked back.

Preparation for accreditation

Our Joint Commission accreditation preparation process began with a detailed comparison of Joint Commission standards and our organization’s policies, procedures and practices. This process brought to light one of the areas of key importance to us, which was in line with our existing policies: the process of thinking. Our manual used phrases such as “if it makes sense in the circumstances,” “if appropriate,” “in your professional opinion,” “based upon your professional judgment,” and so on. Upon review of Joint Commission standards, we found this concept of “thinking” was similar to what was in our manuals.
Joint Commission standards could be applied to any size facility with considerable variance in the individual organizations’ mission statements and objectives. This was so refreshing and so different from most government and organizational manuals that dictate something like: “Thou shall/shall not... (whether it makes sense or not).” The Joint Commission had a meaningful, common-sense approach that was not prescriptive. The organization made it clear what the goal of a standard was, and then let us decide how we might best achieve that goal for our center. I was astonished and continue to be impressed with this attitude and its implementation. Subsequently our experience is that this approach is carried out consistently throughout the organization.

Our pre-accreditation review of our policies showed that we had not missed any major areas. But based on the accreditation requirements, we did make many changes. As a result, our manual and procedures became better, not bigger. We like to think of it as a “fine tuning” of our center. We converted our manuals to follow Joint Commission standards. By doing so, we could adapt to future changes much easier, conduct self-audits more efficiently, and show compliance with The Joint Commission more simply. Training staff members who had previous exposure to Joint Commission standards became easier as well.

Accreditation survey experience

Having been a financial and income tax professional for most of my earlier career, I am quite accustomed to being audited or my clients being audited, so I did not fear the survey process. I was mentally prepared for the typical audit routine that might scare the inexperienced person. In the customary routine, the auditor looks to find error and then you spend hours debating the reason for the noncompliance and the relevance of the issue in light of the overall objective.

In preparation for the accreditation survey, the staff was quite nervous over the independent review, mainly because it had never been through the process. We focused on making the process a group exercise to make our program even better. Staff reviewed large amounts of information in short periods of time and reorganized information to better meet Joint Commission requirements.

Perhaps the most tedious matter involved self-auditing our records. All of the information was there, but our system did not organize it consistently. This resulted in more standardization of forms, procedures, file content and layout, as well as a regular internal review of files to create a continuous process rather than a periodic process. Although therapy staff and administration staff communicated information to management, the Joint Commission approach requires documentation of this process and results, as well as looking for improvement.

Our accreditation survey began with the surveyor explaining the scope and objectives of the evaluation. Then she went to work. I mentally began to prepare for the back-and-forth routine that I had experienced hundreds of times during financial audits. But the surveyor's comments were not of the “you must do this and you should not do that” variety. The
comments were educational and informative. For example, she said, “Currently you are doing ‘this,’ but wouldn’t it be easier for you to do ‘that’?” or “You can be just as effective doing ‘this’ if you did ‘that’ and it would be less costly.” In addition, comments were followed by, “What do you think?”

This surveyor’s practice of offering ideas and encouraging thought and communication enhanced the entire experience. My objective for the survey switched from “let’s get this survey over with” to discussing planned future changes and getting useful feedback on my ideas pre-implementation.

At the end of the survey, some areas in which we needed to improve were identified. We discussed and agreed upon appropriate implementation methods, put them into place, reported on the methods and results, and received our accreditation. In true economic cost, our survey was free. The value of the advice and feedback on new ideas well exceeded the fees paid.

**Subsequent experience**

Because of our initial accreditation experience and the assistance we received, we consider The Joint Commission a valuable resource to our center. The standards address almost all areas for consideration. When professional questions arise, we call The Joint Commission for ideas, opinions and other information.

I believe we underestimated the benefits of being Joint Commission-accredited. We see trends where state governments are accepting Joint Commission accreditation, waiving their normal oversight procedures. This acceptance of Joint Commission accreditation by government agencies offers de facto evidence of the quality of the Joint Commission and its accredited organizations. We are proud to be a part of this group.

The standards address nearly all areas we consider vital to the quality and safety of our organization, and we even found some good improvements. We had spent considerable time and money in developing our own framework. In retrospect, it would have been significantly less expensive for us to associate with The Joint Commission sooner and to have taken advantage of its framework, rather than spend the time and money we did to develop our own. I encourage others to take advantage of what exists in association with The Joint Commission and to learn from the experience of others, rather than duplicating efforts.

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