

QA



Guidance and Trust Drive Accreditation Process



ClearSky Health is a rehabilitative healthcare system based in Albuquerque, New Mexico. There are currently nine hospitals, primarily in the southwest, but

there are plans to expand to as many as 30 acute rehab hospitals within that region and in the Midwest in next few years.

Aaron Lopez is CEO of ClearSky Weatherford and on the job for a relatively short time.

“ClearSky wasn’t a big, rigid company, and I like bringing new ideas to the table and then running with it,” he said. “It was a company that was looking for new leaders with new ideas to bring some energy, and that’s the main reason I came on board.”

Lopez recently led the organization’s accreditation process by the Joint Commission. He took some time to answer a few questions about ClearSky’s expectations, their experience with the process and the results.



Some leaders in the company had worked with the Joint Commission in their roles with other organizations, and those experiences were positive. It’s very intimidating to think that one’s leadership ability could impact quality and potentially jeopardize a hospital, but when I spoke with our COO she said, “Don’t let that fear drive you. You have to remember that Joint Commission accreditation is a collaborative effort. They are actually an ally, here to provide oversight and make sure that we’re doing what we should be doing.”

And that was our experience with the Joint Commission. They were there to get us where we should be. We weren’t perfect, but it was obvious we were trying to do everything we could. It was never a shame situation. Instead we were told, “Here are some things we’ve seen that have worked elsewhere and may be an option for you to continue to improve in this area. You’re doing a good job, but perhaps this is another way to do even better.”



I would strongly recommend the Joint Commission based on their years of experience and demonstrated quality. Again, the Joint Commission's role as a collaborative partner was felt early in our evaluation period. It was made clear that if there were any questions, or if any guidance was needed to implement a recommendation or if a deficit was pointed out, that there would be opportunities to communicate and ask questions, and we took full advantage of that.

We now hold interdisciplinary huddles to discuss functional measurements that we can take into the acute rehab setting, and doing them by variance has really brought all of the staff together. We are getting live patient information now from an interdisciplinary huddle in every department of the hospital, so we can find opportunities for improvement in actual time, right at the patient's bedside, that will help make improvements both here and now, and in the future.



Learn more about Joint Commission Accreditation at www.jointcommission.org