

# Dual Accreditation Presents Challenges, Opportunities

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by Anne Zender, MA, editor

While most HIM professionals are acquainted with participating in a facility's Joint Commission accreditation processes, a small but significant number work in facilities that are also accredited by the American Osteopathic Association (AOA). Though the organizations have somewhat different approaches, two HIM professionals we spoke with agree that the dual accreditation process can be beneficial. In this article, Linda Brown, RHIT, director of medical records and medical staff services at Tucson General Hospital, Tucson, AZ, and Katherine G. Lusk, MHSM, RHIA, director of medical records at the Osteopathic Medical Center of Texas, Fort Worth, TX, share their experiences.

*Q: Briefly describe why your facility has dual accreditation. What is the benefit of doing this?*

*Lusk:* The Osteopathic Medical Center of Texas is committed to promoting and supporting the growth of the osteopathic profession. Dual accreditation further exemplifies our commitment. We are also closely affiliated with the University of North Texas Health Science Center, which houses a medical school for doctors of osteopathy. The center provides these medical students, interns, and residents with clinical sites. These educational endeavors are another reason to maintain close ties with the osteopathic community.

*Brown:* Tucson General is an osteopathic teaching hospital, so we are required to be AOA accredited. I have found that being at a teaching hospital enables the HIM staff to be continually educated. For example, the coding staff has had the opportunity to observe operations. Also, the quality compliance staff works closely with medical staff services to audit compliance to requirements for physician documentation. All of these tie into the hospital's performance improvement program.

*Q: In terms of your department's participation in the process, how do the Joint Commission and AOA processes differ? How do you handle preparing for two processes?*

*Brown:* The Joint Commission looks more at hospital systems and processes in place and how these meet their standards. The AOA is a physician organization and it focuses more on physician compliance to medical staff bylaws and AOA standards. The hospital prepares the same way for both surveys. The Joint Commission notifies us in advance of the types of charts they would like to audit. We usually send them a list of our top 10 DRGs for the previous six-month period. The AOA also lets us know in advance what types of charts it wants to review—usually related to surgical or diagnostic procedures. Both organizations send us their survey schedule in advance. We choose employees for each to be interviewed, escort surveyors on tours, and answer questions the surveyors may have.

*Lusk:* The AOA review of the medical record is much more stringent than that of the Joint Commission. For example, the AOA has stricter guidelines on medical record documentation. During an AOA survey, the director of medical records stays with the reviewer, aiding in chart reviews, explaining the different documentation practices, and obtaining information. For the Joint Commission, the record review is just a small part of the survey process.

The AOA reviews a broader sampling of the medical records and looks at many details to see if all elements of documentation are met. It also tours the medical record department along with all other departments, while a Joint Commission surveyor has never toured our department.

*Q: How does preparing for one process help you prepare for the other?*

*Lusk:* We have the surveys 18 months apart, so we are always in a preparing mode. While the Joint Commission survey is less stringent, the preparation for delinquent medical records is similar. There is a big difference in that for the Joint Commission, a percent of your records may be delinquent and you can still get a passing score; however, the AOA does not allow any delinquent records. We have added the AOA elements to the record review form used by the Joint Commission. This allows us to continually survey our records for both survey elements.

*Q: What are some ways that our readers can educate themselves about accreditation processes they might be unfamiliar with?*

*Brown:* I have found that knowing the rules of the game is very helpful. I keep a copy of the state regulations, Medicare regulations, Joint Commission standards, and AOA standards and try to update them at least annually and review for changes. The hospital maintains an annual subscription to both Joint Commission and AOA manuals.

The *Journal of AHIMA* and AHIMA's "E-alert" are very helpful, as is the Internet—the Joint Commission's Web site has a section of frequently asked questions. It's also helpful to network with other hospitals' HIM departments in your state, to know where surveyors are focusing.

*Lusk:* I agree that networking is important. For instance, to learn more about the AOA, you could contact AOA-accredited facilities such as ours. We'd be glad to provide information on the differences.

*Q: What is your advice to fellow HIM professionals who might be new to a dual-accreditation environment?*

*Brown:* I think we are all in a dual-accreditation facility, when you include Medicare certification and state licensing requirements. My advice would be to be familiar with state regulations, Medicare statutes, Joint Commission standards, and AMA or AOA standards. Also, you should write department policies to the tightest criteria and create a crosswalk from your policies and procedures to the appropriate state, Medicare, Joint Commission, and AMA/AOA criteria. Each time one of these requirements is revised, you will know what policy and procedure needs to be amended.

Train your HIM staff on your policies and procedures and their roots (state, federal, or Joint Commission criteria). Compliance is an ongoing process. Remember that you are not alone. You can always call your regional Joint Commission compliance office and ask if a proposed change will meet the intent of the standard. And AHIMA's national and state organizations are a great resource.

*Lusk:* From a long view, look at this as an opportunity to always be prepared. If you follow both guidelines, your records will be better documented, allowing for better coding and fewer legal problems or misunderstandings. The osteopathic profession embraces a holistic approach, which means that the documentation should illustrate the entire patient and the scope of services. The dating and timing of all documentation allows for a clear sequencing of events for legal and coding concerns. HIM professionals should view this as a means to consistently provide the best service along with a clear, concise medical record. Such an approach gives us a real opportunity to shine.

*For more information, contact the Joint Commission on Accreditation of Healthcare Organizations at (630) 792-5000 or visit [www.jcaho.org](http://www.jcaho.org) on the Web. To contact the American Osteopathic Association, call (800) 621-1773 or visit [www.aoa-net.org](http://www.aoa-net.org). For more information about the AOA, see this month's "Profile" column, "A Holistic Approach to Health Information".*

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