



New Administrators' Overview

TASCS

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Patients First. *Always.*

Learning Objectives

At the end of this workshop, you will be able to:

- Describe how agency accreditation assists you helps **“futureproof” your facility**
- Identify best practices for **continuous assessment of survey readiness**
- List your **risks and possible deficiencies** (and next steps to fix them)
- Assess the **strength of your leadership style**
- Use your **accreditation status a market differentiator**
- Find additional support for your individual growth in your administrative role



Creates a foundation of stability

- *QUAD A requires evidence of **corrections**, not just **compliance***
- ***Uncompromising** standards for safety and quality*
- *Standards are **practical and relevant** to your work*
- *Risk prevention*



Places you among peers

- *QUAD A was founded in 1980 by physicians*
- *Remains health professional-led by a 12-member board*
- *Standards developed and surveys done by peers*



Lends support throughout the cycle

- *Annual (minimum) touchpoints*
- *Assigned accreditation specialist*
- *Standards email inbox for questions*
- *Reliable resources and communication*



Partners you with an advocate

- *Anonymous sounding board for questions*
- *Impartial champion for you with state and federal agencies*

**Accreditation
Provides
the
Internal
Playbook**

Accreditation Acts as External Proof



...that you are following a universal set of standards

- Shorthand proof of practitioner expertise and training
- Verification that you are upholding evidence-based standards and practices regardless of specialty
- Reassurance that your facility is safe and ready to handle potential challenges



...that your primary focus is on patient safety and quality care

- 100% compliance required by QUAD A
- Patient Safety Data Reporting
- Standards cover every part of the process: physician qualifications, patient screening, facility safety, and more



...that you are committed to continuous improvement and evolution

- As knowledge evolves, so do the standards
- Requires an educational approach for everyone in the cycle, from staff to patients
- Positions you as thought leaders

The Accreditation Cycle



Accreditation *At a Glance*

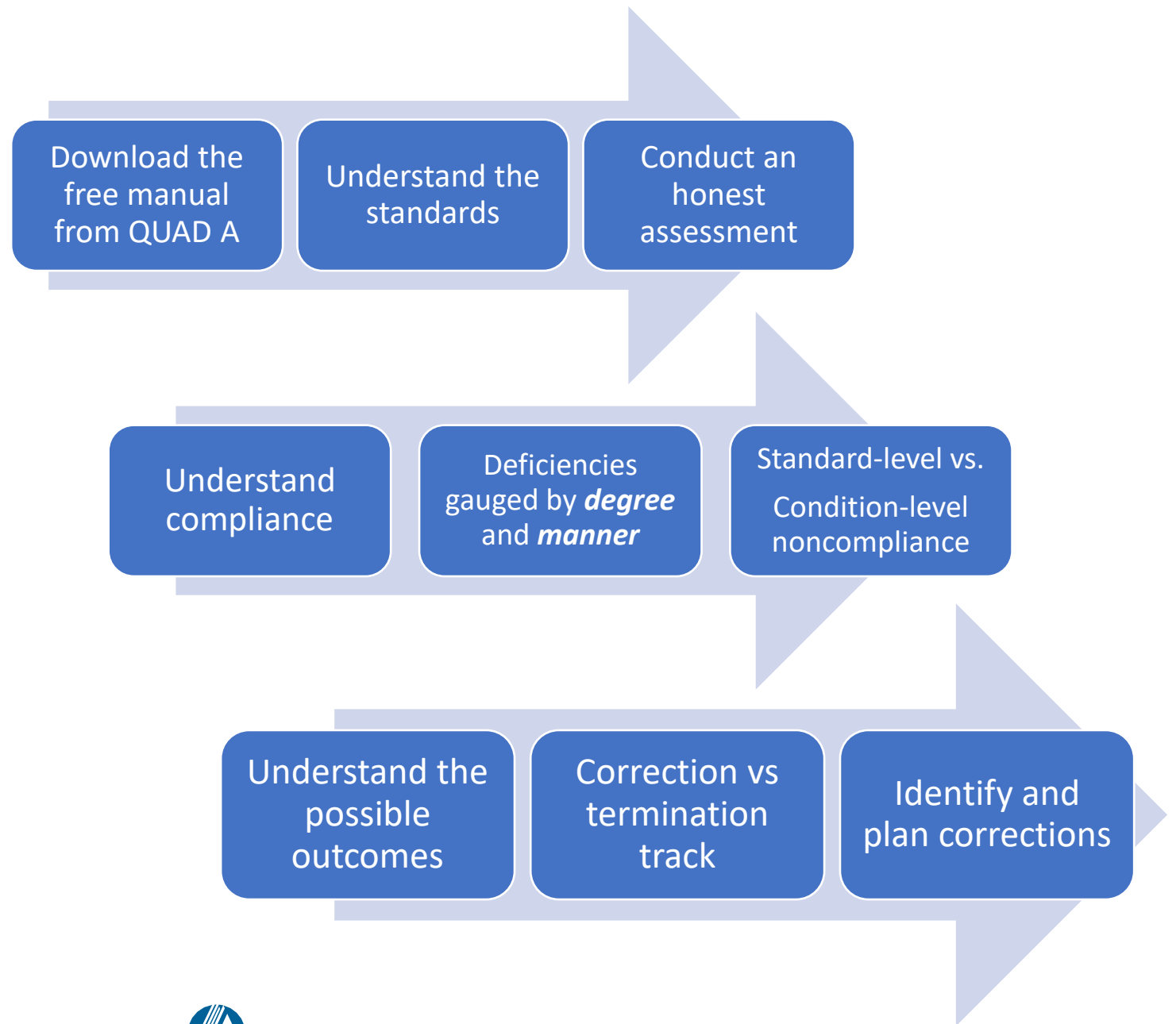


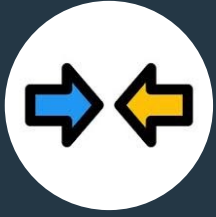
QUAD A Features:

- **Mandatory 100% compliance**
- **Evidence of correction**
- **Quarterly peer review and PSDR**
- **Scope of practice integrity**
- **Continuous quality improvement**

Accreditation Prep:

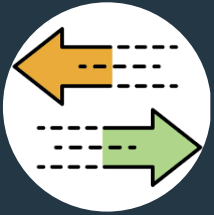
Remaining Survey Ready





Internal compliance

Do the practices observed by the surveyor or described by your staff match the documents you provide?



External compliance

Do your practices meet all of the requirements of the law, all regulations, and all of the accreditation standards?

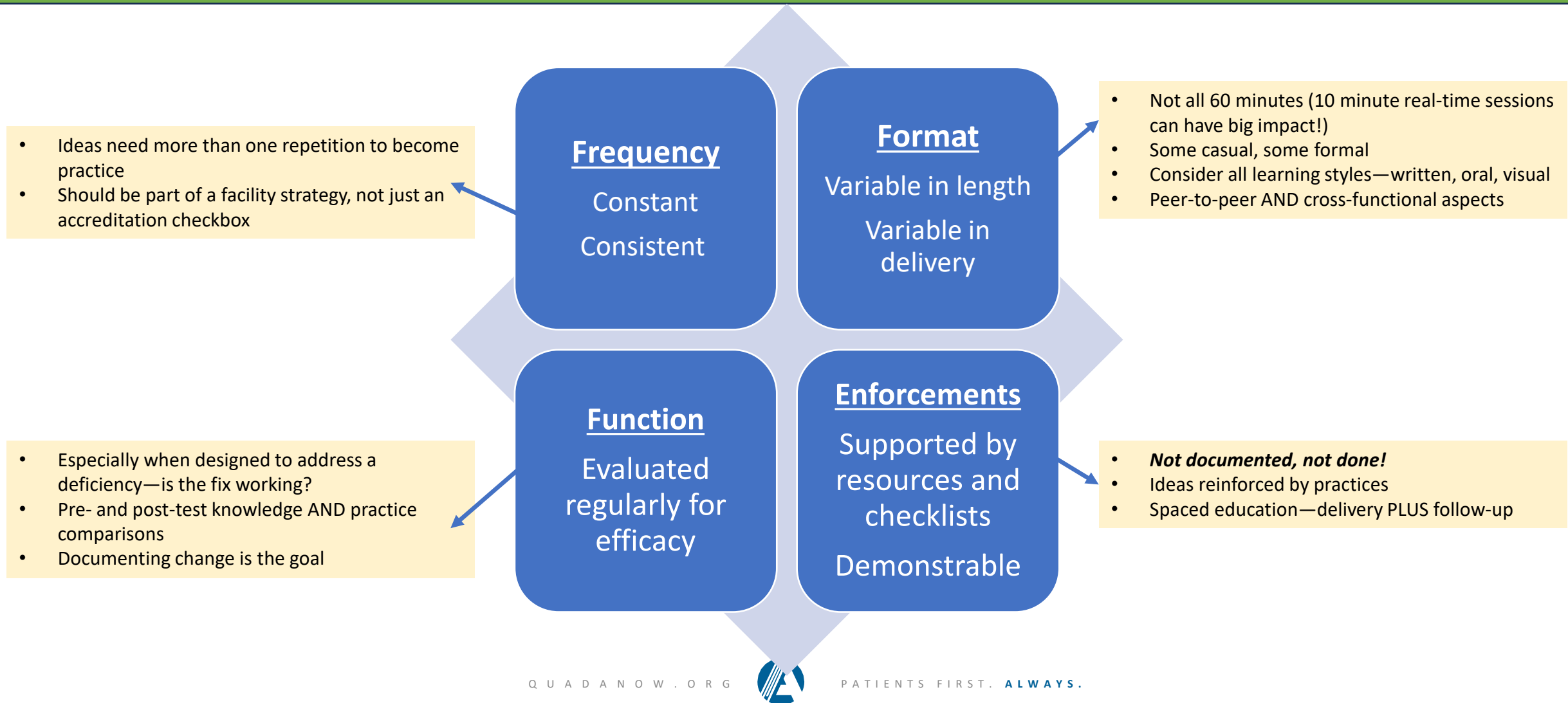


Compliance currency

Were your deficient practices corrected at any point during the pre-survey accreditation cycle, or do they continue?


Defining Compliance

Staff Education is the Cornerstone of Preparation




Don't Wait for Deficiencies!

Communicate Proactively, Not Reactively




Communicate with us annually, at minimum, when you complete your self-evaluation process.




Two types of common outreach:

- "Here's my situation, what do I do?"
 - Contact your designated accreditation specialist to discuss your facility, procedure, and provider nuances
- "What does this standard mean for me?" or "Here is what we do, does that meet the standard."
 - Email our standards inbox (standards@quada.org)



Supportive, but not consultative—we do not gatekeep your success or failure!



Whenever there's turnover or change, contact us! We can help.

First Checks

“Yes” to 7 of 10 indicates strong signs of compliance with the most critical areas of an accreditation survey.

1

- Narcotics stored in a locked container and logged

2

- OR equipment properly maintained and inspected

3

- Clinic staff properly trained in patient resuscitative techniques

4

- Emergency procedures clearly documented in writing

5

- Staff attends regular training programs

6

- Surgeons have admitting privileges and can transfer patients in jeopardy to a hospital

7

- Backup power can support the OR in a disaster

8

- Personnel maintain sterilizer, surgical, and anesthesia logs

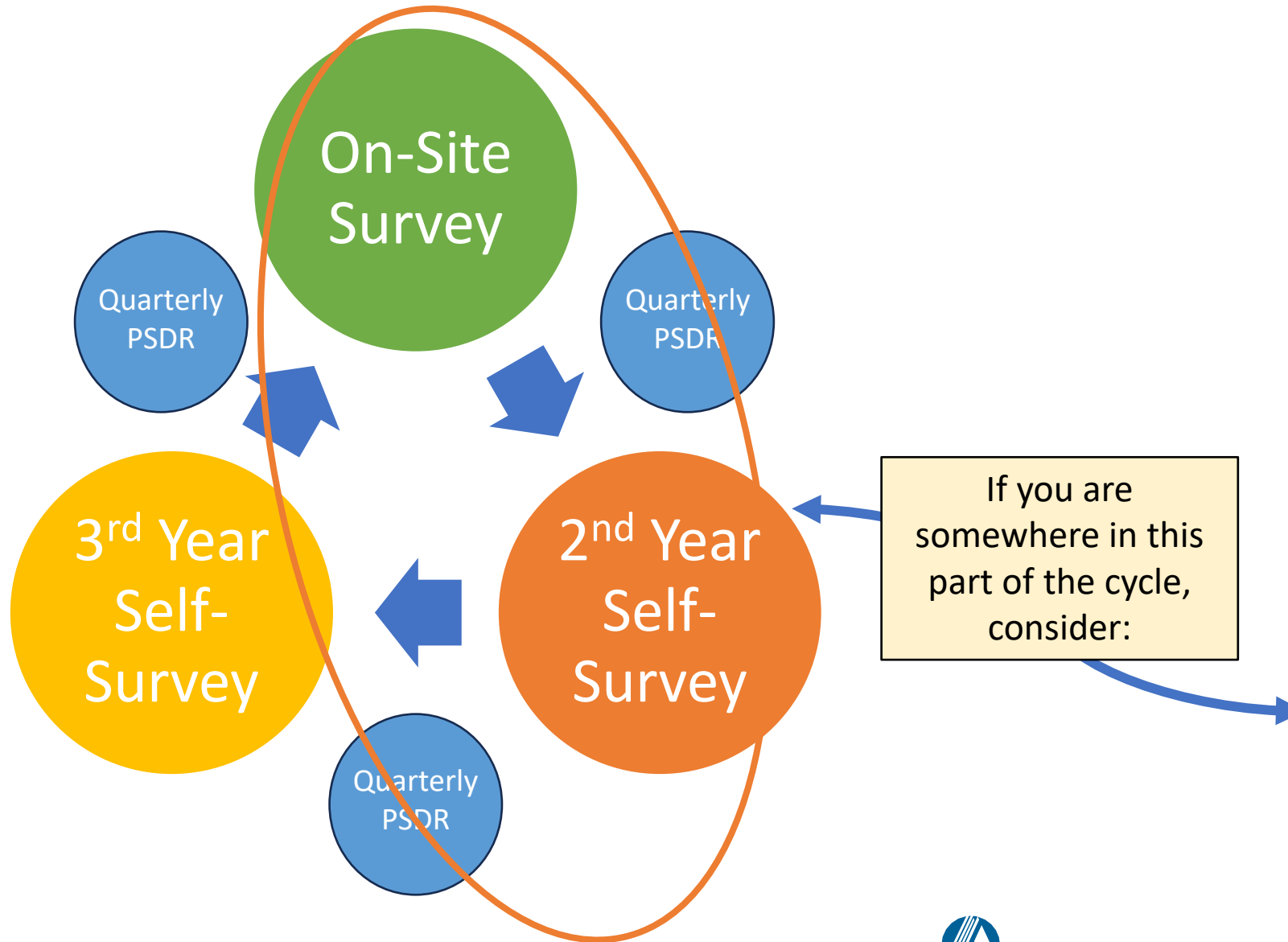
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- Facility observes accepted sterilization practices

10

- There is a fully stocked and up-to-date emergency cart

Intracycle Pearls: *One Year or More Before Survey*

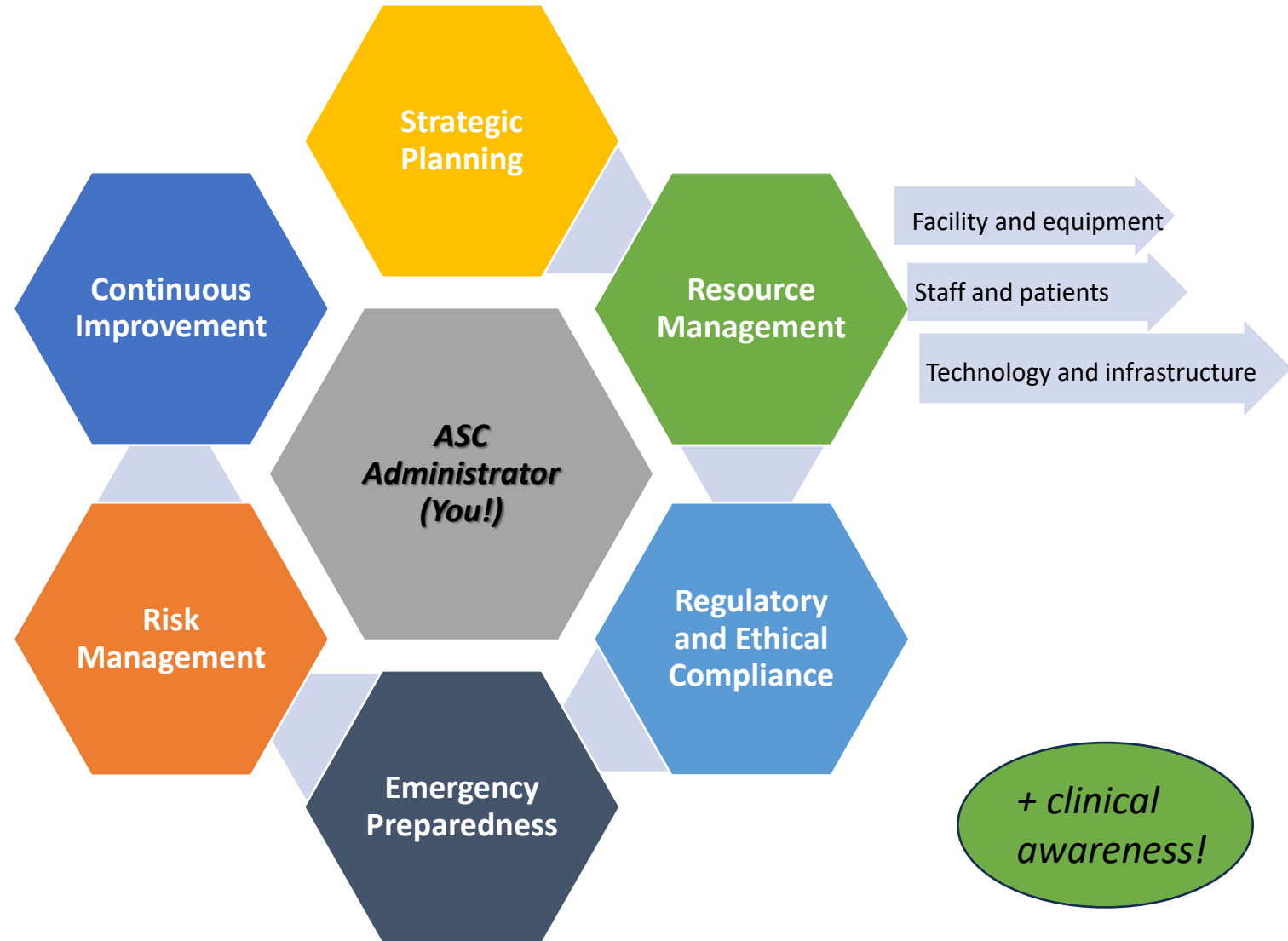


- Creating a program of **cross-functional self-evaluation** role play
 - Fresh eyes in each operational area
 - Forces preparation
- Conducting a “**smell test**” for **process changes and turnover** that have happened since your last survey
 - Has anyone left?
 - Who has joined your staff?
 - What has changed in the facility?
 - New equipment or supplies?
- Pulling and **assessing your checklists for readiness**:
 - Personnel records
 - Clinical records(Both checklists available free in the [QUAD A standards manual](#))

Leadership Strategies for ASC Administrators



Administrator Zones of Competence



Beyond the “Three As”: Why Leadership is Important in Healthcare

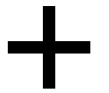
- 2020 article in *JAMA*: “**Being *Affable*, *Available*, and *Able* Is Not Enough**”
- **What matters to patients**
 - “Humanistic qualities” like respect and empathy
 - Shared decision-making
 - Active listening
 - Transparency
- **What matters to healthcare staff**
 - Pride in their work
 - Good utilization of their skill set
 - Loyalty among colleagues
 - Organizational commitment to quality and patient safety



What is an Intentional Leadership Model?

Style	Approach
Autocratic	Makes all decisions themselves
Democratic	Takes an active role but involves others
Laissez-faire	Mostly leaves things up to the team

Historical



Modern

Style	Approach
Transformational	Encourages and inspires teams for change
Transactional	Values order and structure Reward/consequence systems
Task-oriented	Emphasizes goals, schedules, achievements
Relationship-oriented	Focuses on job satisfaction and work culture

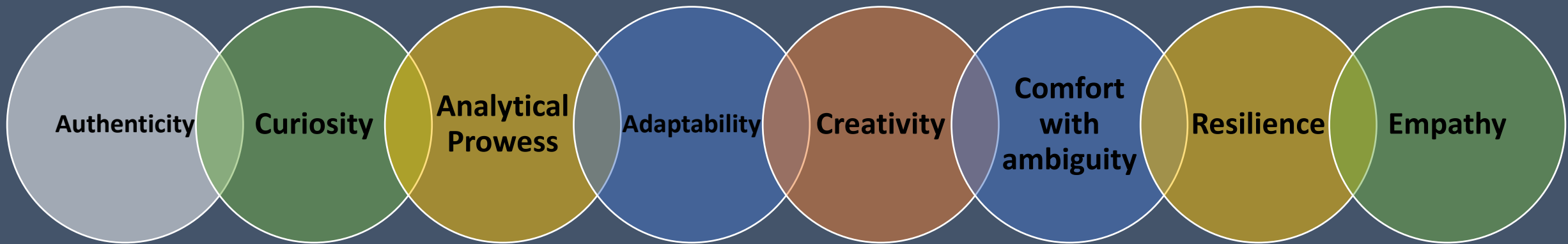
- No single style has been proven most effective in a healthcare setting
- Agreement that consistent “positive” leadership is key

So what does “positive” leadership look like in an ASC?

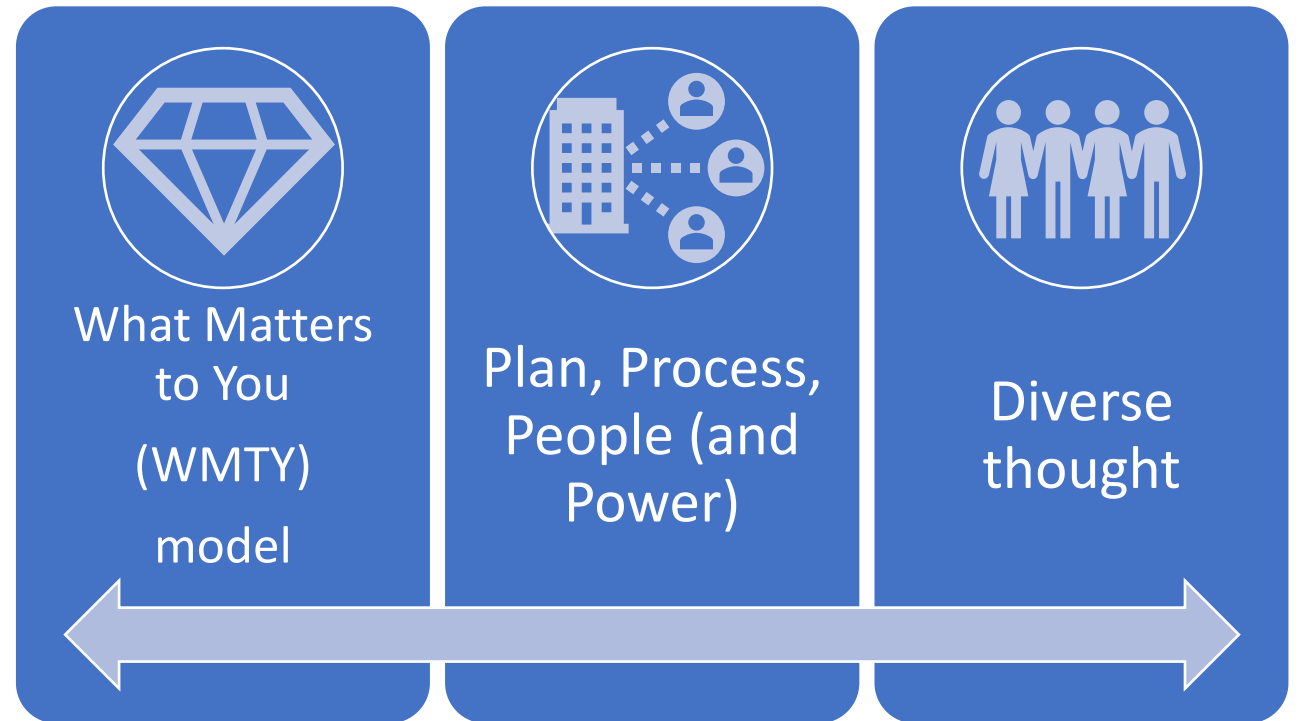


Aspects of a Positive Leadership Style

From Harvard Business Review



Key Aspects for Putting *Effective Leadership into Action*



Impact of Leadership in A Small Facility Setting



Increased staff retention rates



Stable and predictable costs reflecting stable policies/procedures



Reduction of adverse events due to both staff support and patient compliance



Improved employee morale, well-being, and resilience



Higher patient satisfaction due to increased cultural competence and patient-centered operations



Ten Critical Questions

Who are the leaders in your organization?

How are they currently trained?

How would you characterize your current leadership style?

Is it the same style as the other leaders in your organization?

What works well about your current leadership style?

What isn't working well?

What 3 things matter most to you in your practice?

What 3 things limit you the most from focusing on formal leadership efforts in your practice?

What data points could you easily analyze or begin collecting that would help you determine what matters to your patients and staff?

What would success/improvement in culture change look like in your practice in 12 months?



RECOMMENDED RESOURCES

QUAD A

Coming soon! QUAD A is developing a training program with leadership as an important component.

LINKEDIN LEARNING

Search for “leadership and management training” for short modules.

OTHER RESOURCES

- ISAPS, Aesthetic Society, ASPS, and other country- or state-specific professional organizations often offer continuing education, with some focused on executive or leadership skills
- [AMA "Leadership in Healthcare"](#)
- [American Association for Physician Leadership "Building and Leading Effective Teams"](#)
- [Johns Hopkins Strategic Healthcare Leadership Program](#)



Ethically and Effectively Marketing Your Accreditation



Marketing = Education

- Helping patients understand ***why***, not just ***what***
 - Why should accreditation be a deciding factor?
- Supporting them in making empowered decisions
- Building fluency so they become a resource/advocate for themselves and others
- Understanding what they need and want from YOU
- Translating information into solutions

Help patients understand that accreditation is shorthand for safety and quality.



Address Patient Concerns First

*“One drawback that I always think about in this setting is **if something went wrong with the procedure, would they be equipped to handle it?**”*

-Woman, age 35-64

At Hospital

Likely to
book
77%

Unlikely to
book
23%

Not At Hospital

Likely to
book
65%

Unlikely to
book
35%

*“To me, the drawback to choosing a non-hospital setting is that it makes me feel more like they are a doctor’s office setting and **not fully equipped for some specific procedures**, even if they may be.”*

-Woman, age 35-64



What Patients Want + What You Want

Their goals might be...	Your goals might be...
Assurance that you can handle an emergency	Quality (patient satisfaction)
Comfort that their provider has experience and credentials related to their procedure	Safety (low adverse events, reoperations)
Finding a facility where they feel safe and comfortable	Fiscal health
Being given enough information to feel knowledgeable about what to expect	Patient recruitment/retention
Establishing trust with the staff	Employee recruitment/retention

And your role as an ASC team is to reconcile both columns into a common set of goals met by your policies and processes.



Turning Information Into Education in a Digital Space

- Patients' early touch points with you will most likely be online
- Setting the right tone on your digital platforms (web/social) can establish a strong relationship
- Effective marketing will support your business goals by aligning your priorities with theirs

Effective communication is approachable.

Clear and concise

Respects the reader's time

Avoids jargon

Is kind and friendly

Does not exaggerate

Uses facts to sell



Contact Us

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Appendices:

Resources and Recommended Reading

Patients First. *Always.*

Recommended Checklist and Resource Categories

Category	Resource
Standards	Agency website (QUAD A provides them free online)
Infection control, instrument processing	CDC , HICPAC , APIC , WHO
Infection control, hand hygiene	CDC , HICPAC , APIC , WHO
Personal protective equipment	OSHA , NIOSH , CDC
Emergency preparedness	ASPR-TRACIE
Specialized instrument resources	Check each manufacturer's website or your distributor
Data compliance and privacy	ONC , HIPAA , HHS , HIMSS
Interpretive guidance	Appendix L , Appendix Z , Appendix G
Physical environment	ASHRAE , NFPA , FGI
Pharmaceuticals	ASHP , ISMP , USP



[8 Essential Qualities of Successful Leaders](#)

[Leadership Effectiveness in Healthcare Settings](#)

[Developing a model for effective leadership in healthcare: a concept mapping approach](#)

[Healthcare Leadership: What Is It and Why Is It Important? \(Northeastern University\)](#)

[Importance of Leadership Style towards Quality of Care Measures in Healthcare Settings: A Systematic Review](#)

[Leadership in Healthcare Education](#)

[Why Strong Leadership is Critical in Healthcare](#)

[Improving Well-Being and Fostering Health-Oriented Leadership among Leaders in Small and Medium-Sized Enterprises \(SMEs\): A Systematic Review](#)

[What matters to patients? A timely question for value-based care](#)

[What makes healthcare workers stay in their jobs](#)

[To understand patient health priorities, ask: "What matters to you?"](#)

References and Recommended Reading: *Leadership*

