



The Priority Focus Process is a data-driven methodology that consistently uses pre-survey information about healthcare organizations to create priorities for reviewing standards compliance, thus lending consistency to the survey process. Pre-survey information is gleaned from data in your organization's application for accreditation, your organization's past survey findings, our Quality Monitoring System database of complaints and non-self reported sentinel events, any ORYX core measure data, and certain external data, if available. External data consists of publicly available data that are applicable to the accreditation program(s) being surveyed, such as MedPAR for Hospitals, Nursing Home Compare, Home Health Compare, and failed laboratory proficiency testing data from CMS. **Priority Focus Process Reports are updated quarterly and pull in data up to 3 years back from the date the tool is run, except for laboratories which pull in data up 2 years back.**

The Priority Focus Process brings consistency to the survey process for organizations having similar pre-survey data for the early part of their surveys as surveyors use the Priority Focus Areas and Clinical/Service Groups depicted in this report. However, based on initial findings, surveyors will broaden or change focus appropriately. Organizations performing their own standards compliance assessment for their Periodic Performance Review and/or other quality improvement activities can use this information to enhance their evaluations, as well.

This summary report contains results for your organization. For a User's Manual on the Priority Focus Process, and a Definitions Guide on the Priority Focus Areas and Clinical/Service Groups, please refer to your Jayco Extranet. These documents are located under the Priority Focus Process link, by clicking on the link for Reference Documents.

Columbus Specialty Hospital

PFPP Report Created Date: 05/17/2007
HCO ID: 450880
Address: 710 Center Street, 9th Floor
 Columbus, GA 31901
HCO Contact: Vivian Lee, 706-321-6710

Hospital Accreditation Program

Priority Focus Areas could not be identified for this program at this time.

The national top Priority Focus Areas identified for HAP collectively are listed below for your information.

Hospital Accreditation Program Priority Focus Areas
1 Communication
2 Information Management
3 Staffing
4 Quality Improvement Expertise/Activities

Hospital Accreditation Program Clinical Service Groups	
1	General Surgery
2	General Medicine
2	Pulmonary
3	Cardiology
3	Dermatology
3	Gastroenterology
3	Nephrology
3	Orthopedic
3	Otolaryngology

Priority Focus Areas

Priority Focus Areas (PFAs) are defined as processes, systems or structures in a health care organization that significantly impact the quality and safety of care. They can be used to guide assessment of standards compliance in relation to the patient/resident/client experience.

Communication

Communication is the process by which information is exchanged between individuals, departments, or organizations. Effective Communication successfully permeates every aspect of a health care organization, from the provision of care to performance improvement, resulting in a marked improvement in the quality of care delivery and functioning.

Sub-processes of Communication include:

- Provider and/or staff-patient/client/resident communication
- Patient/client/resident and family education
- Staff communication and collaboration
- Information dissemination
- Multidisciplinary teamwork

Information Management

Information Management is the interdisciplinary field concerning the timely and accurate creation, collection, storage, retrieval, transmission, analysis, control, dissemination, and use of data or information, both within an organization and externally, as allowed by law and regulation. In addition to written and verbal information, supporting information technology and information services are also included in Information Management.

Sub-processes of Information Management include:

- Planning
- Procurement
- Implementation
- Collection
- Recording
- Protection
- Aggregation
- Interpretation
- Storage and retrieval
- Data integrity
- Information dissemination

Staffing

Effective Staffing entails providing the optimal number of competent personnel with the appropriate skill mix to meet the needs of a health care organization's patients/clients/residents based on that organization's mission, values, and vision. As such, it involves defining competencies and expectations for all staff (the competency of licensed independent practitioners and medical staff are addressed in the Credentialed Practitioners priority focus area for all accreditation programs); Staffing includes assessing those defined competencies and allocating human resources necessary for patient/client/resident safety and improved patient/client/resident outcomes.

Sub-processes of Staffing include:

- Competency
- Skill mix
- Number of staff

Quality Improvement Expertise/Activities

Quality Improvement identifies the collaborative and interdisciplinary approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Quality Improvement depends on understanding and revising processes on the basis of data and knowledge about the processes themselves. Quality Improvement involves identifying, measuring, implementing, monitoring, analyzing,

planning, and maintaining processes to ensure they function effectively. Examples of Quality Improvement Activities include designing a new service, flowcharting a clinical process, collecting and analyzing data about performance measures or patient/client/resident outcomes, comparing the organization's performance to that of other organizations, selecting areas for priority attention, and experimenting with new ways of carrying out a function.

Sub-processes of Quality Improvement Expertise/Activities include:

- Identifying issues and establishing priorities
- Developing measures
- Collecting data to evaluate status on outcomes, processes, or structures
- Analyzing and interpreting data
- Making and implementing recommendations
- Monitoring and sustaining performance improvement

Clinical Service Groups

Clinical/Service Groups (CSGs) are categories of patients/residents/clients or services of health care organizations for which data are collected. It is important to note that the CSGs identified by PFP are not based solely on volume, but many other factors as well (i.e., mortality, complications, past survey findings, ORYX core measure outliers, etc.). Types of patients/residents/clients or services that are included are listed below the headings.

General Surgery

(DRG 146-167, 170, 171, 191-201, 257-270, 285-293, 344, 345, 392-394, 400-402, 406-408, 415, 424, 439-444, 461, 512, 513, 539, 540)

Includes patients with Appendectomy, Hernia repairs, Rectal resection, Peritoneal adhesiolysis, Small & large bowel procedures, Stomach/esophageal /duodenal procedures, Pancreas, liver & shunt procedures, Biliary tract procedures, Cholecystectomy (non-laparoscopic), Mastectomy, Skin graft/debridement, Wound debridements for injuries, Amputation of lower limb, Adrenal & pituitary procedures, Thyroid, parathyroid procedures, Other endocrine procedure, Lymphoma, leukemia with procedure, and Male reproductive system procedures. Includes inpatient and/or outpatient services such as General Surgery, Pain Management, Plastic Surgery, Outpatient Surgery and Wound Care.

General Medicine

(DRG 416-423, 445-455, 463-467)

Includes patients with Septicemia, Postop infections, Viral illness, Traumatic injury, Allergic reactions, and Poisoning. Includes inpatient and/or outpatient services such as Family Practice, General Medicine, Internal Medicine, Allergy, and Recovery/Infirmary.

Pulmonary

(DRG 78-81, 85-102, 475)

Includes patients with Pulmonary embolism, Respiratory infections, Pleural effusion, Pulmonary edema & resp failure, Chronic obstructive pulmonary disease, Pneumonia, Pneumothorax, Bronchitis & asthma, Respiratory signs & symptoms, and Respiratory symptom diagnosis & ventilator. Includes inpatient and/or outpatient services such as Pulmonary Function Lab, Respiratory Care (Ventilator), Infectious Diseases, and Sleep Center.

Cardiology

(DRG 110-112, 115-118, 121-145, 514-518, 526, 527, 535, 536)

Includes patients with PTCA, Pacemaker (perm or temp), Acute myocardial infarction, Atherosclerosis, Cardiac arrhythmias, Chest pain, angina, Circulatory disorders, Heart Failure, Endocarditis, Peripheral vascular disease, and Syncope. Includes inpatient and/or outpatient services such as Cardiac Catheterization Lab, Cardiac Unit/Cardiology, EEG/EKG/EMG Lab, and Telemetry.

Dermatology

(DRG 271-273, 276-284)

Includes patients with Skin ulcers, Skin disorders, Non-malignant breast disorders, Cellulitis, and Trauma to skin, subcut tissue, and breast. Includes inpatient and/or outpatient services such as Dermatology and Wound Care.

Gastroenterology

(DRG 174-184, 188-190, 202, 204-208, 493, 494)

Includes patients with GI hemorrhage, Peptic ulcer, Inflammatory bowel disease, GI obstruction, Esophagitis, digestive disorders, Cirrhosis & alcoholic hepatitis, Pancreas disorders (non-malignancy), Liver disorders (non-malignancy), Biliary tract disorders, and Laparoscopic cholecystectomy. Includes inpatient and/or outpatient services such as Gastroenterology and GI or Endoscopy Lab.

Nephrology

(DRG 316-322, 325-327)

Includes patients with Kidney & urinary tract infections and Kidney & Urinary Tract disorders. Includes inpatient and/or outpatient services such as Hemodialysis, Lithotripsy, and Nephrology.

Orthopedic

(DRG 209-241, 243, 248-255, 471, 491, 501-503, 537, 538)

Includes patients with Major joint & limb procedures, Hip & femur procedures, Amputation for musculoskeletal systems & connective tissue, Biopsies of musculoskeletal system, Lower extremity & humerus procedures, Shoulder, elbow, forearm procedures, Foot procedures, Hand or wrist procedures, and Knee procedures. Includes inpatient and/or outpatient services such as Orthopedic, Podiatry and Oral Maxillofacial Surgery.

Otolaryngology

(DRG 49-63, 65-74)

Includes patients with Major head & neck procedures, Salivary gland procedures, Cleft lip & palate repair, Sinus & mastoid procedures, Misc ear, nose, mouth & throat proc., Rhinoplasty, Tonsillectomy & adenoidectomy, Myringotomy, Dysequilibrium, Epistaxis, Epiglottitis, Otitis Medi & upper resp infection, Laryngotracheitis, and Nasal trauma & deformity. Includes inpatient and/or outpatient services such as Audiology and Otolaryngology.