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## feature



### Setting a High Standard

#### *The keys to facility accreditation*

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By Haley K. Jestic

The process of professional school accreditation is different than that of a health and human service organization. And even though accreditation in the United States is done on a voluntary basis, most providers find it is necessary. Learn more from the experts on how to strategically go about the process of accreditation.

Think of accreditation as getting a “stamp of approval” or an endorsement from the higher-ups. It can notably improve the quality of an organization, and the service it provides. Going the extra step to meet agency standards and gaining third-party approval helps to ensure a facility is providing optimal care and service to its patients. Does your facility have what it takes?

#### Focus on the Purpose

Remember the adage: ‘Begin with the end in mind’? Well, it's applicable here. Consider that application as you begin the process. Accreditation is a huge advantage in the industry, because people – patients, staff, managers – reap tremendous benefits in the end.

Enduring an independent review of the programs and services is the crux of the accreditation process. Although this may not sound exciting, from a professional standpoint, it offers organizations the opportunity to go further by improving or preserving the quality of its care.

According to Christine M. MacDonell, managing director for the Commission on Accreditation of Rehabilitation Facilities (CARF), her organization's accreditation process “focuses on the person served.”

Therefore, it's not so uncommon for surveyors to observe and interview staff about their work amid their daily routines, she says. They are where the people are. CARF requires providers to focus on the best possible outcomes in three distinct areas:

- :: services
- :: customer satisfaction
- :: quality improvement

If an organization applies for a CARF survey, it must follow a complete list of steps. To access the standards, go to [www.carf.org](http://www.carf.org). The primary 10 steps to CARF accreditation include:

- 1) Consult with a designated CARF resource specialist to provide guidance and technical assistance during the accreditation process.
- 2) Conduct a self-evaluation. The organization must implement and use the standards for at least six months before the survey.
- 3) Submit the “Intent to Survey” and nonrefundable Intent fee. The Intent includes detailed information about leadership, programs, and services that the organization is seeking to accredit, and the service delivery location(s).
- 4) CARF invoices for the survey fee. The CARF fee is based on the number of surveyors and days needed to complete the survey. The CARF-CCAC fee is fixed, with additional fees if additional programs are added to the survey.
- 5) CARF selects the survey team. Surveyors are selected by matching their program or administrative expertise and relevant field experience with the organization's unique requirements.
- 6) The survey team conducts the survey and determines the organization's conformance to all applicable standards onsite by observing services, interviewing persons served and other stakeholders, and reviewing documentation. Surveyors also provide consultation to organization personnel.
- 7) CARF renders an accreditation outcome.
- 8) Submit a quality improvement plan.
- 9) Submit an annual conformance to quality report.
- 10) CARF maintains contact with the organization during the accreditation tenure. Organizations are also encouraged to contact CARF as needed to help maintain conformance to CARF standards.

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"Most of the accreditation systems have a strong emphasis on identification of areas for improvement," says MacDonell. For instance, during a survey, the key players are the staff members who frequently interact with the patients.

The work and level of interaction from team members and patients says a lot about the service. According to MacDonell, areas to be considered or reviewed in the "rehab process," for example, can include: developing individualized plans, interacting and collaborating as a team, providing services, modifying plans according to the patient, and more.

## **Preparation Time**

Meeting the set standards doesn't happen overnight, and it may not come easily. For instance, the preparation time can require six months or more. But, once accredited, organizations are at an advantage because they are, in a sense, "set apart." They have been reviewed, evaluated, and given official approval. Now, they have a standard to uphold, along with the other accredited organizations.

A facility that has achieved accreditation demonstrates its dedication to quality. In a sense, the accredited facility says, "We are accredited. This means, we want to provide the best care possible to our patients."

## **Stamp of Approval**

When CHD Meridian Healthcare in Chadds Ford, Pa. decided to obtain its accreditation with the Accreditation Association for Ambulatory Health Care (AAAHC), there was a lot to manage.

"Centers underwent a voluntary, exhaustive review of more than 600 characteristics," says Lindsay Rubin, a representative for CHD Meridian. With an aim to help make employees healthier, CHD Meridian is a provider of integrated workplace health and productivity management solutions, such as delivery of primary care, acute care, corporate health, and occupational health. She says, "Achieving accreditation in its healthcare centers underscores the company's long-standing commitment to providing the highest level of quality care to the communities it serves."

CHD Meridian's senior vice president of medical management, Pamela Ryan, RN, says that even though accreditation is not mandated by the state or government, obtaining it shows a facility's level of commitment. One reason being the fact that it's not easy.

"Attaining accreditation is a long process with many moving parts to a comprehensive project. It requires leadership and commitment from all staff members involved in patient care," says Ryan. However, it's not impossible.

Ryan says, beginners must first learn the basic steps. Keep in mind that responsibility of proper planning or execution of applying standards starts

ultimately with the facility's leaders. What they do filters down to their staff. Below are the steps she endorses:

:: **Step 1: *Initiate action.*** The team leader or coach for the accreditation project should obtain the standards from the accrediting body, and ensure that they and the team thoroughly understand the content and the intent of the standards. There may be many different ways to meet a standard but there is, usually, only one intent for meeting that standard.

:: **Step 2: *Complete the application process.*** There is usually a comprehensive application process that is used by the accrediting body to assess the readiness of the organization. It is important to complete the application and provide all requested information; this usually includes the process and outcome results of sample quality studies.

:: **Step 3: *Familiarize staff with the standards.*** All staff members need to be oriented to the standards; the policies and procedures that fulfill the standards should be incorporated into everyday practice. The people closest to the point-of-care are in the best position to offer suggestions about how to improve the care that is provided or to meet the particular standards.

:: **Step 4: *Appoint team leaders and have monthly meetings.*** It is important to assign 'owners' to each chapter of standards, which will help to drive the individual processes.

"Leader[s] should involve everyone in the process," Ryan adds. The team should have monthly meetings for the first couple of months to assess progress toward compliance. These meetings will increase in frequency as the survey date approaches.

In addition, a facility self-assessment should be completed about one year prior to the anticipated survey, says Ryan. "The results of the self-assessment provide the gap activities that will allow the facility to be compliant with all standards at the time of the survey."

During the preparatory phase, it is important for everyone involved to audit progress of implementation and compliance, Ryan says, "so that changes can be made as necessary. Following this pattern, leadership should see acceptance of a new way of doing things and institutionalization of the standards, long before the actual survey process."

In addition, Ryan encourages facilities to complete a mock survey one week before the actual one. This allows everyone to practice, and permits last-minute changes to be made. Ryan says, "All medical professionals want to improve patient care, and if they understand the organization is undergoing accreditation to improve care, they will be supportive of the process."

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