

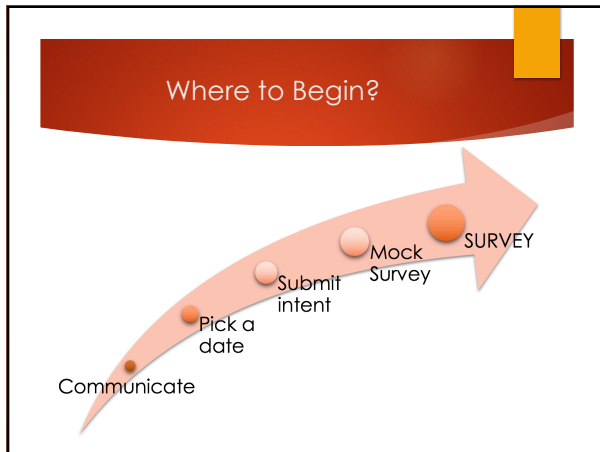
Survey Outcome

- ▶ **Three-Year Accreditation** - this indicates the provider is meeting or exceeding CARF standards and will not need to be reviewed for another 3 years
- ▶ **One-Year Accreditation**, which indicates there are some existing deficiencies, the program shows capability and commitment toward correcting these deficiencies and making progress.
- ▶ **Provisional Accreditation**, which indicates the provider is still operating at a One- Year level the following year and has 1 year to correct deficiencies or receive non-accreditation.
- ▶ **Nonaccreditation**

Process – What will CARF Surveyors look At?

EVERYTHING!!

| | |
|---------------------------------------------------|----------------------------------------|
| Clinical Practice | Observe treatment sessions |
| Policies and Procedures | Sit in on team conferences |
| Quality Assurance | Talk to pts/clients and their families |
| Safety Standards | Talk to Team members |
| Staff Credentialing/training | Speak with physicians |
| Outcomes | |
| Information management | |
| Available services | |
| Availability of equipment and expected wait times | |
| Potential conflicts of interest | |



DEADLINES
Be prepared – keep track of dates

Deadline [ded-lahyn]
Noun
1. The time by which something must be finished or submitted; the latest time for finishing something

Important [im-pawr-tent]
Adjective
1. Of much or great significance or consequence.
2. Mattering much

Urgent [ur-juh-nt]
Adjective
1. Compelling or requiring immediate action or attention; imperative; pressing

PREPARE
Do what you say.....say what you do!

Observation – Surveyors will ask to observe you practice.

Interviews – Who in your department/facility will be interviewed by the surveyors? What are the specific topics and/or responsibilities of that person(s)?

Documentation – Documents must be readily available for the surveyor to read/access and demonstrate conformance.

What's in your head NEEDS to be on Paper!

"Paper" does NOT mean it has to literally be on a printed page:

- Can be accessed on the computer
- Can be a web-based document
- Can be a printed flyer, posted notification or postcard

IT **DOES** NEED TO BE READILY ACCESSIBLE TO A SURVEYOR

Types of Documents

Patient Records –
AT evaluation, Treatment plan,
purchasing requests and justifications.
Personnel Records
Staff Job descriptions
Performance Appraisals
Training Records
Department Procedure Manuals
Handbooks and Clinical Practice Guidelines

DON'T REINVENT THE WHEEL

Develop relationships with those who can help you:

Quality Management Office
Human Resources
Engineering and Safety
Other sister hospitals who have AT clinics
.....

Standards for Accreditation
In Assistive Technology Supports and
Services

Section 1 – ASPIRE p. 29-121
Section 2 a – Program Service
 Structure standards 1.-13 page 132
Section 4 – Assistive Technology
 Supports and Services Section 3.Q.
 standards 1-13 page 284-290

ASPIRE to Excellence

THE NEW FRAMEWORK ORGANIZES CARE'S STANDARDS INTO LOGICAL,
ACTION-ORIENTED BUSINESS PRACTICES.

Section 1

- A** – Access the Environment
The focus is the person served with leaderships guidance
- S** – Set Strategy
Strategic planning.
- P** – Persons Served
Obtain Input from persons served and other stakeholder
- I** – Implement the Plan
Financial and Regulatory Sustainability
- R** – Review Results
Performance Measurement
- E** – Effect Change
Performance Improvement

You will be expected to know and provide
access to ASPIRE standards – You need to
own this if doing a stand alone survey!

Understand the STDs Manual

2A. 1. Each program/service:

- a. Documents the following parameters re: scope of services:
- b. Shares information about the scope of services:
- c. Reviews the scope of services at least annually

Intent:

"the scope is defined at the level of the program/service and provides the persons served, families/support systems, referral sources, payors, and other relevant stakeholders with information that helps them understand what the program has to offer

The intent is to provide people info for persons to make informed choices.

Examples:

Employee handbook
Electronic means
Orientation/intake processes
Info about accredited programs
Performance information

Program/Service Structure, Standards

Section 2 A –Program/Service Structure, Standards 1.-13 page 132

Evidenced by is referring to examples that demonstrate conformance to the CARF Standards.

The examples are not all inclusive, they are suggestions and recommendations to assist in your process.

2. The organization provides the resources needed to support the overall scope of each program/service provided.

Evidenced by: adequate materials, equipment, space, qualified staff, review of costs, strategic planning

3. Based on the scope of each program/service provided, the organization documents its:
- a. Entry criteria
 - b. Transition criteria, if applicable
 - c. Exit criteria

Evidenced by: admission, transition and discharge criteria.

4. When a person served is found ineligible for services

Evidenced by: information provided re: reason and about alternative services or resources, tracking those ineligible, notification to referral source

5. Each program/service implements procedures that address unanticipated service modification, reduction, or exits/transitions precipitated by funding or other resource issues

Evidenced by: demonstration of knowledge of funding sources, expectation and timeframes.

6. Service delivery models and strategies are based on accepted practice in the field and incorporate current research, evidence-based practice, peer reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus.

Evidenced by: incorporation of evidence-based practice through meeting minutes, in-service programs, available literature, on-line access to learning...

7. To facilitate integrated service delivery, each program/ service implements communication mechanisms regarding the person served that:
- a. Address:
 - 1) Emergent issues
 - 2) Ongoing issues
 - 3) Continuity of service, including contingency and future planning
 - 4) Decisions concerning the persons served
 - b. Ensure the exchange of information regarding the person-centered plan.

Evidenced by: written or oral communication, electronic, log books, progress notes, one-to-one teaching....

8. The program/service demonstrates:
- a. Knowledge of the legal decision-making authority of the persons served.
 - b. When applicable, the provision of information to the persons served regarding resources related to legal decision-making authority.

Evidenced by: policies or in-service training that outlines levels of legal autonomy, legal decision-making authority and/or materials available to personnel if an individual may not have the capacity.

9. When services are provided from or within a mobile unit, written procedures are implemented that address at a minimum, the unique aspects of the following areas related to mobile settings:
- Drivers
 - Service providers
 - Confidentiality
 - Accessibility
 - Security
 - Maintenance

Evidenced by: policies and procedures, maintenance logs, availability of safety procedures in the unit.

10. The organization's policies and procedures for the acceptance into services identify:
- The acceptance process.
 - The position or entity responsible for making the acceptance decisions.
 - The process that will be followed in the event there is ever a wait list.

*Evidenced by: policies and procedures that ensure fair access and reduce the possibility of subjective judgment when determining access to services. **Must include a process for handling a wait list.***

11. Information about the organization provided to the persons inquiring about services:

Evidenced by: printed brochures, handbooks, checklists...This is part of the organization's public information activity and its ability to respond to all requests from the public about services.

12. A complete record is maintained for each person served.

Evidenced by: a record that is complete, clear current and complies with its own service delivery design.

13. Any release of confidential information:

Evidenced by: guidelines in place and followed regarding the sharing of confidential information. Must have a SPECIFIC time limitation – not open-ended.

Assistive Technology Supports and Services (AT)

Section 4 – Assistive Technology Supports and Services Section 3.Q. standards 1-13 page 284-290

Standard 1 – Promotion of Universal Design principles across all services:

Should be embedded in the treatment plan and a statement to that effect, be included on all program descriptions.

Evidenced by: following the 7 Principles of universal design and Site Program manual.

Standard 2 – Information about the AT program

1. Responsibilities of persons served, including financial
2. Affiliations of the organization and staff
3. Availability of the equipment, including expected wait times.
4. Potential for conflicts of interest

Evidenced by: brochure, booklet, handout...

Provided in an understandable format and is updated as necessary

Standard 3 – Persons and/or families served participate in making informed decisions about AT services:

Includes:

Expected results

Resources

How services delivered

Expected timelines

Possible alternatives

How results are evaluated

Planning for the future:

maintenance

Costs

expected responsibilities

technology changes

Standard 3 – EXAMPLES

- An initial screening to identify technology needs.
- Incorporation of technology in evaluations, interviews, assessments
- Suggestions for prescribing and introducing assistive technology services to meet person's outcomes expectations
- Suggested approaches for implementation of AT in services and supports.
- Strategies for creating supports, learning about related technology, utilizing mentors and becoming a peer technology mentor
- Evaluation of the "fit" of the prescribed AT approach in the services
- Reviewing the outcome satisfaction with AT
- Considering methods for long-term use of technology through modification and/or upgrading
- Financial or resource planning for the replacement or repair of the assistive technology
- Establishment of a recycling program

Standard 4 – Purpose for AT use is to enable
Greater access to community and/or
enhanced quality of life

Standard 5 – Consideration for the environment
Success can be enhanced by considering all
environmental factors

Standard 6 – The persons desired outcome from using
AT is documented in the assessment process.

Considerations are given to needs, preferences, long-term implications of growth, aging, disability management and "fit".

Standard 7 – Individual Service Plan

- a. Identify functional limitations to opportunities
- b. Address potential for accommodations- addressing barriers may include services within the organization, use of AT, referrals, or collaborative partnerships with community resources.
- c. Address Previous AT services – knowledge of previous experience with AT can identify potential barriers.
- d. Integrate accommodations, if applicable, into employment – barriers can be addressed by the provision of services in locations consistent with preferences and needs.
- e. Potential for change in condition (dynamic nature of disability)
- f. Anticipate change in environment or employment – Transition times are key in planning assistive technology.
- g. Address safety or health risks

Standard 8 – AT services and training are integrated with other services offered
Treat the whole person. Planning is comprehensive and coordinated.

Evidenced by: Documentation of coordinated care and the staff training provided about AT.

Standard 9 – AT planning process is collaborative with available community agencies and networks as appropriate

Provide information and linkages to services that enable the persons served to achieve their objectives.

EXAMPLES:

- Knowing the expectation of the person being served, the organization can strategically plan to promote opportunities for the person in the community and provide services convenient to the person.
- To promote community accessibility and create efficient services, the organization establishes and maintains partnerships, networks, and coordination with other agencies.
- Organizations need to remember cost-effectiveness and satisfaction of the persons served in designing and maintaining these networks and partnerships and include this data in the organization's outcomes management report.
- Establish clearinghouses to: build informal community networks, share resources, provide for recycling of equipment, mentoring

Standard 10 – Timeframes are established based on input from all stakeholders

Persons served, families, funders, employers and service providers are all involved in establishing time frames.

Timeliness is critical and may be included as a performance indicator in organizational performance analysis.

Standard 11 – For additional AT needs, referrals are generated

Services should reflect the latest knowledge in the field.

Standard 12 – Discharge summaries include description of the device, training needs, plan for use, maintenance/repair sources and potential future AT needs

EXAMPLE:

Before leaving services, the person served might be given an after visit summary to ensure that subsequent providers are informed of potential identified needs.

Standard 13 – On request, employers are provided with: educational resources, reasonable accommodation resources, technical assistance, support in developing employment opportunities, and other resources, as requested.

EXAMPLE:

- *Participating on a Business Advisory Councils (BACs) may improve the employer's understanding of AT.*
- *Training programs and placement initiatives, such as Projects with Industry (PWI) programs, may form advisory councils consisting of the employers and businesses that these programs were formed to serve.*

Suggestions/Summary

1. Prepare CARF program binders for:

- | | |
|------------------------------------------------------------------|-------------------------------------|
| • Organizational Charts | • Functional Statements |
| • Facility MCMs (relevant to program. ASPIRE has its own binder) | • Competencies |
| • Accessibility Report | • Trainings |
| • Incident Report | • Staff Orientation |
| • Complaints | • Strategic Plan |
| • Cultural Competency | • Denials |
| • Ethics | • Technology Plan |
| | • Performance Improvement/ outcomes |

2. Learn and understand ASPIRE
3. Understand efficiency and effectiveness
4. Allow time following Mock Survey to make changes
5. Develop relationships with other departments
6. Reach out to other AT programs

Other resources:

- Use your local CARF Liaison
- Attend any offered training
- Refer to CARF Standards Manual
- Complete Survey Preparation Workbook

Remember:
Don't reinvent the wheel
&
Stick to your timelines
You can do this!

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