Annual CARF Surveyor Conference
Aging Services Operational Briefing and Standards Updates
April 8, 2017
1:30pm – 3:15pm

Three Part Session
- Strategies for Success with Complex Surveys
- Survey Exit Protocol
- Process and Program Standards Update

Section 1: Strategies for Success with Complex Surveys
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Bonnie Rock
Resource Specialist, Aging Services

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Presentation Objectives

- Understand what makes a complex survey
- Pre-survey activities for a smooth survey
- Strategies to implement during the survey
- Issues to address with survey report writing
- Post-survey assistance
- Resources

What makes a complex survey?

- Large team due to multiple programs and/or locations
- Sampling of sites
- Complex leadership structure
  - Offsite corporate office
  - Managed by another entity
  - Survey is part of multiple surveys with the same leadership

What makes a complex survey?

- Significant leadership or organizational change
- Pre-survey allegations
- Healthcare/government system appears in conflict with implementation of standards
How you will know there are complex issues?

- Large team size
- Resource Specialist will call or email with information
- Memos included in the surveyor packet
- Pre-survey call with organization identifies issues

Pre-Survey Activities That Will Help

- Review all information provided to you by CARF
- Review applicable surveyor memos
  - Surveyor website tools and documents
- Start pre-survey coordination activities sooner than the usual 3 weeks
- Have a pre-survey conference call(s)

Pre-Survey Activities That Will Help

- Send your questions to assigned Resource Specialist
- Spend time arranging survey team schedule
- If survey is multi-site, arrange for all team members to participate in orientation/exit conference
- For CCRC surveys, schedule pre-survey calls with multiple administrative surveyors, VFS, and corporate leadership
Survey Report Issues to Keep in Mind

- For multi-sites, remember to identify specific location(s) that are not in conformance with a standard.
- Indicate what the organization is doing and then write the full recommendation.
- To ensure accuracy, share survey report with co-surveyors prior to submitting it to CARF.
- Be available to CARF for questions during the editing process.

Helpful Post-Survey Activities

- Complete feedback forms providing input as well as strategies as to future needs for the organization and scheduling.
- Contact CARF if there were any concerns we should be aware of.
- Request a debrief call with CARF if necessary.
- Be available for questions/potentially calls to clarify information.

Additional complex factors to consider

- Extensions of accreditation
- Accreditation with Stipulations
- Allegations
- Poor MOH, State or Federal inspection reports
Large multi-site organizations

- May have corporate leadership
- Share same policies/procedures
- Corporate documents/local implementation
- Sampling

CCRC Surveys With Multiple Sites

- Corporate leadership
- Obligated Group Financials
- May or may not use corporate policies and procedures
- May or may not have same administrative surveyors or VFS or Resource Specialist
- Sharing of conformance ratings between surveys
- Governance Standards
Examples of Complex Surveys

Discussion

What went right?
Where were there opportunities for improvement?
What processes might help for a smoother survey?

Example 1: CCRC Multi-site

Example 2: Multi-Site Aging Services Survey

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Conclusion

- We discussed:
  - What makes a survey complex
  - Pre-survey activities to guide the process
  - How to address issues when drafting the survey report
  - Post-survey assistance available to you

- You have handouts to use for reference
Section 2: Survey Exit Protocol
Practice for Challenging Scenarios

Julia Meashey
Administrator of Operations, Aging Services

Bonnie Rock
Resource Specialist, Aging Services

Pre-Exit Conference

- Pre-exit meeting (encouraged, but not required)
- For complex surveys, the pre-exit provides opportunity to preview recommendations
- Need for pre-exit is based on nature of situation and organizational preference
Exit Conference Overview

- Exit Conference – last activity (generally 1 hour)
- Last impression survey team makes
- Organization’s leadership & staff members will recall this last activity

Purposes of Exit Conference

- Summarize the team’s findings
- Feedback on strengths/areas for improvement
- Opportunity for organization to clarify and provide further evidence of conformance
- Offer suggestions/consultation
- Explain next steps in accreditation process

Team Approach

- Collaboration is needed among all surveyors (use language that reflects “we” vs. “I”)
- Leave time for conferring with team members prior to presenting the exit conference (during the survey & final morning)
- Prepare together – include the VFS for CCRC surveys
Effective Exit Conferences

- Organization knows what to expect (pre-exit meeting, consistent communication throughout the survey)
- Provide an overview of the process (What did you look at? What will they hear?)
- Individuals present may take notes and assure time for questions at the end

Effective Exit Conferences

- One section at a time presented by the surveyor responsible for reviewing
- Personalize by using organization’s terminology & names as reference points
- Be clear and consistent in using CARF terminology (conformance vs. compliance)

Effective Exit Conferences

- Summarize the accreditation process following the survey
- Leave time for questions
- Clarify statements, as needed
- Continue to support the survey team
- Conclude the exit conference and remain available

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Exit Conference Do’s

Do work as a team – collaborate, compare notes, time manage

Do review the exit conference script & emphasize terminology to be used

Do use a presentation style that is comfortable for you

Exit Conference Don’ts

Don’t quantify numbers of standards assessed or identify cited standards by number; Do reference standards by category

Don’t quantify numbers of recommendations identified per section; Do reference areas for improvement per section generally

Don’t disclose recommended accreditation decision; Do politely remind accreditation decisions are made by CARF

Resources

• Exit conference script
• Exit Conference Surveyor Policy & Procedures
• Team Coordinator Memo
Section 3: Process and Program Standards Update

Susanne Matthiesen
Managing Director, Aging Services

Presentation Objectives

• Explore SMY2017 changes to CARF aging services program standards
• Discuss tips on assessing conformance to new or revised program standards
• Obtain clarification about challenging areas in the standards
We Will Cover Section 2, 3, and 4 Updates

2. Process Standards
   Structure and staffing, screening and access, individual plan

3. Core program standards
   Unique to each organization
   Optional approaches

4. Specialty Population Standards
   Optional approaches

SECTION 2 UPDATES

2.A. PROGRAM/SERVICE STRUCTURE

Topics Addressed in 2.A. Updates

- Skin integrity and wound care
- Suicide prevention
Applicable if the program serves any persons with dementia...

2.A.48. In accordance with identified needs, the program provides or arranges for education to the persons served and to families/support systems, accordance with choice and identified needs:
  • Element 15 added regarding skin integrity

Note: For those individuals at risk for skin breakdown due to limited mobility, incontinence, conditions such as diabetes, medication reactions, or exposure to risk situations, the program might provide educational materials, web sites, or other items on how to identify a skin risk or treating skin to avoid a problem; alternatively, the program might arrange for education on these topics from a clinic, or a wound care program, or a dermatology professional as needed.

2.A.52. Organization provides documented competency-based training for personnel, as appropriate to their roles:
  – Added element b.(4) suicide risk assessment and prevention strategies
  – Added element b.(11) skin integrity

SKIN INTEGRITY AND WOUND CARE
7 NEW STANDARDS IN SECTION 2.A.
### Applicability of 7 New Standards on Skin Integrity

Standards 2.A.54. – 60. apply to these settings:

<table>
<thead>
<tr>
<th>Setting</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.B. Assisted Living</td>
<td></td>
</tr>
<tr>
<td>3.C. Person Centered Long Term Care Community</td>
<td></td>
</tr>
<tr>
<td>3.G. Continuing Care Retirement Communities</td>
<td>Only the assisted living and nursing care levels of the CCRC</td>
</tr>
</tbody>
</table>

### 2.A.54. Initial and ongoing assessments

- Initial and ongoing assessments of each person served document information about:
  - a. Skin integrity (6 things to look for are listed)
  - b. Risks to skin integrity
  - c. Results of previous interventions, if applicable

  Note: Skin integrity can be included in other assessments being conducted

### 2.A.55. When skin integrity risks are identified through the assessment of the person served, the interdisciplinary team does the following:

- Addresses needs that are within the scope of the program:
  - Interventions to prevent or reduce the risk of a wound developing
  - Standards of practice
  - Nutritional needs
  - Equipment
  - Supplies
  - Education needs

- Refers the person served to an appropriate healthcare professional to address needs beyond the scope of the program
2.A.56. If a wound is present, the interdisciplinary team for each person served implements written protocols that address

- When the wound care needed is within the scope of the program:
  - Interventions to reduce and/or eliminate the wound
  - Standards of practice
  - Nutritional needs
  - Equipment
  - Supplies
  - Educational needs
  - Plan for follow-up care

- When the necessary wound care is outside of the program’s scope, referrals to or coordination with appropriate wound care specialists.

2.A.57. The program identifies and utilizes local, regional, provincial, national or international resources to facilitate wound care.

Note: Programs have lots of options they could use to demonstrate that they are accessing information resources to inform their practices – medical groups, associations, research centers

2.A.58. Interdisciplinary team demonstrates efforts to optimize outcomes for the person served

- Exchange of info on factors affecting skin integrity and management
  - Factors that facilitate skin integrity
  - Barriers to skin integrity
- Education of other healthcare providers
- Collaboration with other healthcare providers on timing of interventions
- Arrangement of follow-up with other healthcare providers at the time of discharge/transition from the program to facilitate ongoing assessment and management of the skin/wound issues
2.A.59. Personnel who provide services related to skin integrity and wound management receive documented, competency-based training

- At orientation and regular intervals
- Training includes
  - Assessment protocols for skin integrity and wound management
  - Strategies and interventions are based on accepted practices, research, evidence, clinical practice guidelines, expert consensus
  - Education techniques to facilitate behavior change in persons served

2.A.60. The program gathers information on each person served, including information on wounds that developed or got worse during their time in the program

- At least annually conducts analysis that includes
  - Performance in relationship to established targets for
    - Wounds that developed
    - Wounds that worsened
  - Trends
  - Actions for improvement
  - Results of improvement plans
  - Necessary education and training of persons served, families/support systems, personnel

SECTION 3 UPDATES
3.E Case Management

3.E.29. Case management program
• Gathers information on each person served
• At least annually, conducts written analysis that addresses:
  – Performance in relation to targets for:
    • Changes in severity of conditions
    • Comorbidity
    • Mortality
    • Nonmedical interruptions in delivery of services
  – Trends
  – Actions for improvement
  – Results of improvement
  – Necessary education

SECTION 4 UPDATES

4.A. DEMENTIA SPECIALTY
4.B. STROKE SPECIALTY

4.A.3. In accordance with identified needs, the program provides or arranges for education to the persons served and to families/support systems, accordance with choice and identified needs:
• Element 15 added regarding skin integrity

Note: For those individuals at risk for skin breakdown due to limited mobility, incontinence, conditions such as diabetes, medication reactions, or exposure to risk situations, the program might provide educational materials, web sites, or other items on how to identify a skin risk or treating skin to avoid a problem; alternatively, the program might arrange for education on these topics from a clinic, or a wound care program, or a dermatology professional as needed.
4.A.15. Organization provides documented competency-based training for personnel, as appropriate to their roles:
   - Added element b.(4) suicide risk assessment and prevention strategies
   - Added element b.(11) skin integrity

4.B.20. The stroke specialty program
   • Gathers follow-up information on a representative sample of the persons served, including information on (6 topics listed):
   • Element B was clarified to list items...At least annually conducts a written analysis that addresses performance in relationship to established targets for follow-up information regarding:
     – Aspiration pneumonia
     – Falls
     – Falls with injuries
     – Other injuries
     – Re-hospitalizations
     – Unplanned medical visits, encounters

4.B.24. The stroke specialty program
   Element b. was clarified...
   At least annually conducts a written analysis that addresses performance in relationship to established targets for the % of persons served who, at the time of discharge/transition, are in compliance with evidence-based guidelines to manage:
     – Diabetes
     – Hyperlipidemia
     – Hypertension
     – Stroke prophylaxis
Reminder: Network Standards
Location and Applicability

- Downloadable: carf.org/Accreditation/QualityStandards/OnlineStandards

- Network standards were available for use in combination with all CARF standards manuals beginning in Standards Manual Year 2016 and they continue to be available.

Network Program Description Highlights

- Network is "a legal entity that contracts with two or more organizations that deliver health or human services to persons served ("participating providers") to coordinate functions between or on behalf of the participating providers."

- Accredits only the Network entity – NOT automatically all of the participating providers