

March 2011

STAFF NEWSLETTER

© by Vianna Zimbel Consulting

Keeping the Momentum: Continuous Accreditation Compliance

Anyone accredited through several inspection cycles has probably experienced the following:



1st time through – work hard, lots of meetings, successfully get through the site visit, high-5's and euphoria, relief and the intent to 'keep it up', then things get busy and there is some staff turn over and suddenly 2 ½ years have gone by and 'oh no!' they are coming soon and you realize you have to scramble to essentially re-invent everything all over again to get ready. The next survey is always harder because the surveyors are looking for a deeper record of compliance, usually at least a full year.

These businesses learn, perhaps the hard way, that keeping step with the standards takes energy, and commitment.

Resolve to maintain continuous compliance because it is just too hard to dig out once you fall behind.

There have not been many changes in any of the standards over the last 3 years, so any experience from the last time you were surveyed should be similar this time around.

Some of the areas to avoid getting dinged are:

1 Annual activation / drill of the emergency response plan. This one is pretty easy since every HME provider in the USA has had distribution challenges in the last year because of weather events. Your emergency response plan is essentially a business continuity plan. ("It snowed / flooded and couldn't get to the office. Were able to remotely pull up client list and contact scheduled appointments to re-schedule...."). Also The Joint Commission (TJC) requires a Business Recovery plan, meaning a document outlining how to re-start the business if it were blown off the map (insurance contacts, vendors, etc.) BOC, NABP, ABC only require a 'plan' not annual activation.

2 Infection Control. Consistent use of hand sanitizer between client encounters and cleaning of tools. Clearly segregate and identify clean from dirty from broken equipment.

3 Performance improvement is more than just customer satisfaction surveys! The business must also collect data on billing & coding errors, incidents, complaints, timeliness of response to complaints, patient file reviews, (and periodically review all this date & summarize in a report) . Some accreditors (TJC, ACHC, CHAP) also require review of infectious disease logs (see Feb '11 Newsletter).

4 Any complaint documented in the complaint log **MUST** have a WRITTEN response to the complainant within 14 days. Just taking care of the complaint is not enough. Think twice about what is documented as a 'complaint' versus a concern, and make sure there are dated letters attached to any complaints.

5 Personnel records: make sure there is a job description (typically signed), orientation checklist, performance review, & competency review (ACHC & CHAP = annual, TJC = at least once every 3 years); proof of "primary source verification" of state clinical licensure and RESNA confirmation that the ATP is valid; and also 10 hrs of rehab specific continuing education per year for the Rehab Tech.

6 - Distribute the 30 Medicare Supplier Standards (not the 21, 25, or 26 version).

No matter how well prepared you are, the unannounced appearance of a surveyor can be an anxious moment, but if you have paid attention to these newsletters and made staff training part of your routine, your inspector will quickly see that you have your act together and the survey will be a positive experience. Really.