CORNER VIEW

In the fall of 2020, ACHC merged with the parent company of the first U.S. healthcare accreditation program, HFAP. The merger added CMS-deemed accreditation for facility-based care including acute care hospitals, ambulatory surgery centers, clinical laboratories, critical access hospitals; non-deemed accreditation for office-based surgery; and certification for stroke care, wound care, joint replacement, and lithotomy to ACHC’s existing portfolio of community-based accreditation and education programs.

Part of the assimilation process has been to audit our distinct resources in order to bring the very best from each separate entity to our new, unified company. You are reading one result of that exercise. The Surveyor is an ACHC legacy publication, but the Fall/Winter edition now parallels what was previously HFAP’s annual Quality Review. That publication examined the most frequently cited deficiencies for each accreditation program to give organizations a tool for benchmarking and improving their performance.

In years past, ACHC identified frequent deficiencies by program and made them available annually as a “top ten” list. Now, using The Surveyor to share the data gives us a vehicle to add value by deepening the analysis. This is presented in separate editions for closely affiliated programs. You can access any of them on our website (achc.org) under Resources and Education/Publications.

As you review the edition or editions most relevant to your setting, you will read examples of actual survey findings. These serve to clarify the specific aspects of the standard that were found to be non-compliant. Following the sample citations, you’ll find tips for compliance.

While healthcare is constantly evolving, we are currently emerging from a time of unusually rapid change. Some of the deficiencies cited in the following pages can be traced directly to the impact of COVID-19. Many organizations made significant adjustments to continue to meet the needs of their patient/client populations: adopting new technology for remote visits and patient monitoring; sourcing against PPE shortages; reassigning staff to manage furloughs and quarantines. These are all examples of unanticipated change that required quick action that may have shifted focus away from some areas of required compliance.

Organizations that previously received the HFAP Quality Review used it in conjunction with their Deficiency Report (ACHC’s Summary of Findings) to compare their performance against peer organizations and to proactively address issues frequently seen in other organizations. Used this way, the data becomes part of the process of continuous quality improvement and on-going survey readiness. We want to help you avoid a series of ramp up activities as your survey approaches by making ACHC Standards part of your overall quality strategy.

As always, ACHC is here as a partner in meeting your accreditation and education needs. Your feedback on this publication and on any aspect of your accreditation and education needs. Your feedback on this publication and on any aspect of your accreditation and education needs.
ACHC’s Behavioral Health Accreditation Program offers an extensive array of focused options designed to parallel the specialized services of provider organizations.

Behavioral health has been a consistent topic of discussion in the media and across social networks throughout the COVID-19 pandemic. As a result, behavioral health services are more in demand than ever but clients have very few means of assessing quality when seeking a provider. Accreditation is one of these, providing independent third-party validation that a behavioral health organization has qualified staff delivering services based on appropriate assessments and according to a plan of care developed in concert with the service recipient. ACHC’s focus is always on the individual organization and how it meets our Standards in a practical, sustainable way. This personal approach is appreciated by behavioral health organizations of all sizes and specialties, and we are proud of our exceptional customer retention rate.

Frequent Deficiencies
Organizations look to ACHC for leadership in establishing and evaluating quality. Identifying frequently-cited deficiencies provides a data-driven review of survey results across a defined period of time. This edition of The Surveyor gives behavioral health organizations a roadmap for improvement and it helps guide ACHC’s efforts to provide meaningful, actionable guidance and education.

The data in this report reflect deficiencies cited on surveys performed between June 1, 2020, and May 31, 2021. The most frequent deficiency for this period was Standard BH2-6A: ensuring that access to care, and is seeing increasing acceptance among payors. ACHC’s Distinction in Telehealth was developed as a direct result of this shift, as providers introduce new options and stakeholders look for accreditation as an assurance of service delivery and quality care.

Behavioral health accreditation is not mandated in most states. This means that those organizations that pursue accreditation are exceptional in their desire to achieve and maintain recognition for excellence. We are proud that they have chosen ACHC as their partner.

While this report identifies those standards that are most frequently “missed” by organizations, the overall incidence for each is low. More and more, behavioral health organizations see improved survey results as they go through the accreditation process multiple times. Each cycle allows for a deeper dive by the ACHC Surveyor and a recalibration opportunity for the organization. Generally speaking, we find that those providers that embrace the concept of accreditation as a framework for continuous quality improvement are more data- and outcome-driven and subsequently develop more sustainable business practices.

Extending the Impact of Your Organization
The ACHC behavioral health team is passionate about supporting the organizations we accredit. Feedback is critical to improving our programs and our process to better meet your needs. Telehealth is a great example of this. Provider innovation in the use of remote client interaction has provided continuity of care, expanded access to care, and is seeing increasing acceptance among payors. ACHC’s Distinction in Telehealth was developed as a direct result of this shift, as providers introduce new options and stakeholders look for accreditation as an assurance of service delivery and quality care.

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Denise Hobson
Program Director

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**BEHAVIORAL HEALTH DEFICIENCIES**

**BEHAVIORAL HEALTH SERVICES AND DISTINCTIONS**

**Services**
- Assertive Community Treatment Team
- Assessment and Referral Services
- Case Management
- Community Support
- Day Treatment
- Intensive Care Services
- Intensive In-Home Services
- Partial Hospitalization Services
- Personal Support Services
- Psychosocial Rehabilitation
- Psychosocial Rehabilitation for Minors
- Residential Treatment
- Supervised Group Living
- Supported Employment Services
- Withdrawal Management Services
- Withdrawal Management with Extended On-Site Monitoring Services

**Distinctions**
- Telehealth
PROGRAM/SERVICE OPERATIONS

BH2-1A

Overview of the requirement
The standard ensures that policies and procedures provide personnel and service recipients with descriptions of services offered including required elements as identified in the standard.

Comment on deficiencies
The standard was cited when organizations did not have comprehensive service descriptions or service recipients were not provided the descriptions before receiving service.

Frequency of citation: 17%

Examples of Surveyor findings
Upon review of policies and procedures, the organization:
- Did not maintain descriptions of all services in a format available for distribution.
- Did not have a complete policy or detailed program description.
- Did not provide service recipient and/or the recipient’s responsible person with verbal and written program service descriptions prior to delivering service.

Tips for compliance
- Develop a policy and comprehensive description of all services available.
- Educate personnel to ensure that service recipients receive verbal/written service descriptions prior to receiving service.

BH2-2A

Overview of the requirement
The organization must provide service recipients with their rights and responsibilities.

Comment on deficiencies
The standard was cited because organizations did not maintain or distribute the rights and responsibilities of service recipients.

Frequency of citation: 17%

Examples of Surveyor findings
Upon review of policy and procedure, the organization:
- Did not establish written policies and procedures regarding the rights and responsibilities of service recipients.
- Did not discuss and distribute rights and responsibilities at the time of the admission or development of the plan of care and before the initiation of services.

Tips for compliance
- Develop a policy regarding the rights and responsibilities of service recipients.
- Assign responsibility to the admissions team to discuss and distribute this information to new service recipients.

BH2-6A

Overview of the requirement
The standard ensures that organizations have policies and procedures related to securing and releasing confidential and protected health information.

Comment on deficiencies
The standard was cited due to missing elements in the organization’s policies and procedures related to confidential and protected information.

Frequency of citation: 31%

Examples of Surveyor findings
Upon review of client records, the organization:
- Did not have evidence that the service recipient/responsible person received and understands information related to the confidentiality policy prior to the receipt of services.
- Did not have evidence of a signed release of information when billing a third-party vendor or when sharing information with individuals outside the organization.
- Did not have evidence of a confidentiality statement signed by personnel and governing body.

Tips for compliance
- Assign responsibility to the HR Manager to periodically audit all personnel records for signed confidentiality statements.
- Assign responsibility to the Clinical Director or Administrator to review client records for documentation related to each service recipient receiving information about the organization’s confidentiality policy.
- Conduct periodic audits of personnel and client records to maintain compliance.

HUMAN RESOURCE MANAGEMENT

BH4-2C

Overview of the requirement
The standard ensures that the organization implements policies and procedures to provide all direct care personnel with the Hepatitis B vaccine.

Comment on deficiencies
The standard was cited when organizations did not appropriately or comprehensively establish or implement a policy related to the Hepatitis B vaccination of direct care personnel.

Frequency of citation: 20%

Examples of Surveyor findings
Upon review of policies and procedures, the organization:
- Did not establish a policy related to Hepatitis B vaccination.
- Did not include a policy requiring a signed declination statement from personnel within 10 days of employment if they choose not to be vaccinated.
**Tips for compliance**
- Develop a policy related to Hepatitis B vaccination for all direct care personnel.
- Assign responsibility to the HR Manager that all personnel receive the Hepatitis B vaccination and that policy is followed in the case that vaccination cannot be/is not administered.
- Conduct routine audits of personnel records for appropriate documentation.

**BH4-2G**

**Overview of the requirement**
The standard ensures that background checks are completed on personnel that have direct care responsibilities or access to patient records.

**Comment on deficiencies**
The standard was cited when organizations did not establish and implement policies related to background checks.

**Frequency of citation:** 20%

**Examples of Surveyor findings**
Upon review of policy and procedure, the organization:
- Did not include written policies and procedures regarding background checks for personnel.
- Did not have complete background checks and some personnel records were missing required elements of the standard.

**Tips for compliance**
- Develop policies related to completing background checks on all personnel at the time of onboarding.
- Assign responsibility to the HR Manager to conduct background checks and maintain complete documentation in the personnel record.

**BH4-4A**

**Overview of the requirement**
The organization must provide and document an orientation process for all personnel.

**Comment on deficiencies**
The standard was cited when organizations did not provide a comprehensive orientation.

**Frequency of citation:** 26%

**Examples of Surveyor findings**
Upon personnel record review, the organization:
- Did not have evidence of an orientation with all required elements.

**Tips for compliance**
- Develop and establish an orientation process, including the required elements from the standard.
- Assign responsibility to the HR Manager to implement or manage the orientation process during onboarding.

**BH4-4D**

**Overview of the requirement**
The standard ensures that an education plan for personnel evaluation and in-service training is implemented.

**Comment on deficiencies**
The standard was cited when organizations did not have a complete education plan for personnel or did not document education/training.

**Frequency of citation:** 15%

**Examples of Surveyor findings**
Upon review of policies and procedures, the organization did not have a written education plan that included the content, frequency of evaluations, and amount of in-service training for each job classification.
- Policies and procedures did not include a requirement that direct care personnel must have a minimum of 12 hours of ongoing education during each 12-month period.
- Upon personnel record review, the organization did not have evidence of ongoing education related to emergency/disaster training, workplace safety (OSHA), service recipient rights and responsibilities, infection control, and cultural diversity.

**Tips for compliance**
- Assign responsibility to the HR Manager to manage and document the personnel education plan.
- Conduct a personnel record review to ensure that all training is appropriately documented and personnel are aware of the education requirements.

**PROVISION OF CARE AND RECORD MANAGEMENT**

**BH5-1A**

**Overview of the requirement**
The standard ensures that a record is maintained for each service recipient and that the record contains accurate clinical information.

**Comment on deficiencies**
The standard was cited when service recipient records were missing relevant and required elements.

**Frequency of citation:** 19%

**Examples of Surveyor findings**
Upon review of policies and procedures:
- The organization did not include policies that defined required elements of the service recipient records.
- Not all relevant parts of the assessment were completed.
- The organization was missing evidence of required documentation, e.g., progress note, comprehensive assessment.
Tips for compliance

- Develop and implement a policy related to the service recipient record.
- Assign responsibility to the Director of Nursing or another appropriate role to ensure that all required assessments and additional elements of the record are completed and documented appropriately.

 BH5-2E

Overview of the requirement
The standard ensures that the organization completes and documents an initial assessment/screening.

Comment on deficiencies
The standard was cited when organizations did not have evidence of a completed initial assessment/screening.

Frequency of citation: 13%

Examples of Surveyor findings
- The organization did not have evidence of comprehensive, in-depth assessments including all required elements.

Tips for compliance
- Review comprehensive assessments for completion.
- Re-educate nursing staff on best practices for comprehensive assessments.

 BH5-3A

Overview of the requirement
The standard ensures that each service recipient receives an individualized written plan of care.

Comment on deficiencies
The standard was cited when plans of care were not entered, were incorrect, or were incomplete.

Frequency of citation: 14%

Examples of Surveyor findings
- Records were missing individualized plans of care.
- Records included incomplete plans of care, e.g., not including medications as prescribed or goals of treatment.

Tips for compliance
- Ensure all service recipients have an individualized, written plan of care that addresses the issues identified in the comprehensive assessment.
- Assign responsibility to the relevant program administrator to review plans of care for accuracy and completion.

 BH5-9A

Overview of the requirement
The standard ensures that organizations have a complete emergency response system in place and that service recipients are informed of the phone number and changes to the process.

Comment on deficiencies
The standard was cited when organizations did not have a comprehensive and effective emergency response system for service recipients.

Frequency of citation: 13%

Examples of Surveyor findings
- No written policies and procedures had been established for an emergency response system to address service recipient needs.
- No emergency phone system was provided for after hours contact, 365 days of the year.
- No contract or agreement was in place with local county crisis services.
- The organizations did not have a sustainable and effective method to inform clients of a back-up system. Depending on clinicians to inform clients of phone number changes is inadequate.

Tips for compliance
- Review policies and procedures to ensure that a plan is established for an emergency response system.
- Assess your organization’s current plan for effectiveness and adequacy.

We’re here to help.

To learn more, visit our website at achc.org, call us at (855) 937-2242, or email customerservice@achc.org.
ACHC OFFERS MORE, SO YOU CAN OFFER MORE TO YOUR PATIENTS