

FALL/WINTER 2021



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Quality Review Edition

THE SURVEYOR

 DMEPOS

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MISSION STATEMENT

Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.



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 lithotripsy 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

While healthcare is constantly evolving, we are currently emerging from a time of unusually rapid change.

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 our programs is welcomed and invited.

José Domingos
President & CEO

ACHC's CMS deeming authority allows accredited DMEPOS suppliers to bill and receive payment from Medicare. ACHC Accreditation guides your compliance with state and federal requirements while ensuring your equipment, programs, and operations align with industry best practices.

FROM THE PROGRAM DIRECTOR

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. It gives ACHC-accredited DME suppliers a roadmap for organizational improvement. It also helps guide our efforts to provide meaningful, actionable education to support suppliers in building excellence.

The data in this report reflect deficiencies cited on surveys performed between June 1, 2020, and May 31, 2021. The most frequently-cited deficiency for DMEPOS suppliers for this period was Standard DRX7-12D tied to adherence to policies and procedures for product cleaning, storage, and safety. This Standard is found in the section on risk management and infection control and safety and reflects ACHC's focus on patient-centered quality and continuous operational improvement. While the public health emergency has heightened awareness of the importance of infection control practices, the issue transcends the PHE. It should always be an organization-wide focus for both quality of care and risk mitigation.

For other frequently "missed" standards, the overall incidence was low. Most averaged notation as a deficiency on fewer than 10% of the surveys conducted for this period. This reflects the fact that DME suppliers tend to 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 who embrace the concept of accreditation as a framework for continuous quality improvement are more data- and outcome-driven and subsequently develop safer and more sustainable business practices.

Extending the Impact of Your Organization

The ACHC DME team is passionate about supporting the organizations we serve. We have deep roots and wide breadth of experience in the industry. This expertise creates a supportive accreditation experience appreciated by suppliers. The evidence is our exceptional customer acceptance and high retention rate.

ACHC's DMEPOS team continues to look for ways to use customer feedback to enhance our process and add value. The introduction of virtual surveys developed to meet a need created by the PHE was welcomed and will continue on an as-needed basis. It has allowed us to provide educationally-focused oversight without interruption.

ACHC is interested not only in identifying areas for improvement, but in helping individual organizations showcase existing strengths.

ACHC is interested not only in identifying areas for improvement, but in helping individual organizations showcase existing strengths. New distinction offerings for Custom Mobility and Clinical Respiratory Patient Management offer recognition of excellence in organizations providing these services and accredited for DMEPOS by ACHC. We aim to support suppliers in building their reputation and customer reach in these areas.

We look forward to your feedback on this report's presentation of frequent deficiencies. Use it as a tool to assess your organization's performance and build on it. Please call on us at any time with questions and comments.



Tim Safley, MBA, RRT, RCP
Program Director



ORGANIZATION AND ADMINISTRATION

DRX1-4A

Overview of the requirement

The organization designates an individual to be responsible for overall operations.

Comment on deficiencies

The standard was cited when organizations did not outline the responsibilities and authority of the leader or designate someone to fulfill the role temporarily in the leader's absence.

Frequency of citation: 14%

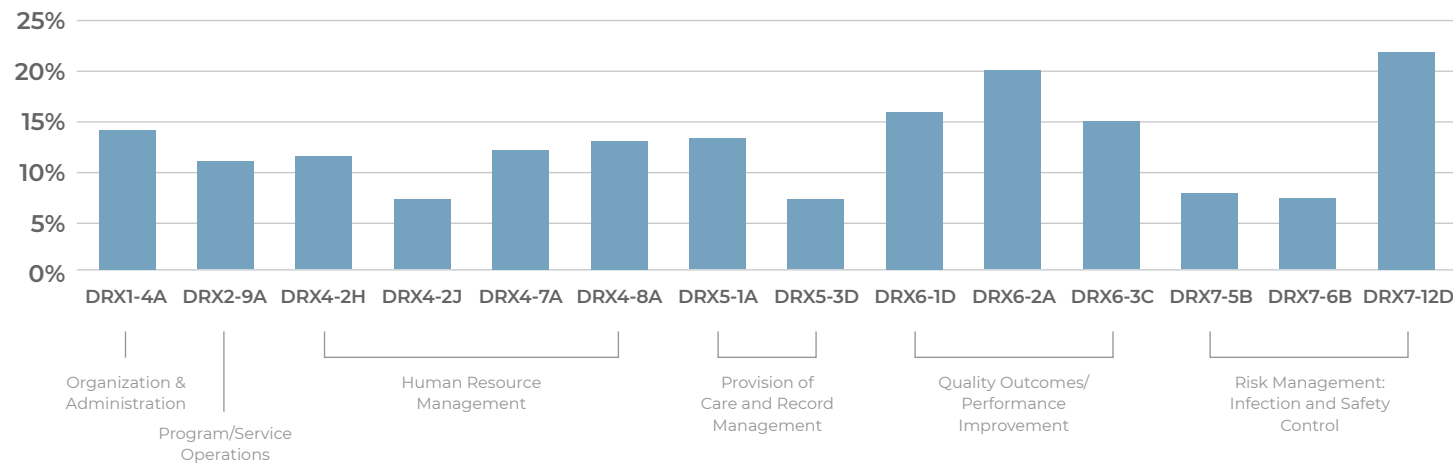
Examples of Surveyor findings

- The leaders job description does not outline their responsibilities and authority
- A temporary leader has not been appointed to act in the absence of the leader.
- The duties of temporary leader are not included in the appropriate job description.

Tips for compliance

- Review the job description of the leader and temporary leader to assure they contain the appropriate duties.
- Assign an individual to act as the temporary leader and document their orientation to that role.

DMEPOS DEFICIENCIES



PROGRAM/SERVICE OPERATIONS

DRX2-9A

Overview of the requirement

The organization has an established compliance program.

Comment on deficiencies

The standard was cited when organizations did not have a complete compliance program or did not conduct internal audits to monitor the program.

Frequency of citation: 11%

Examples of Surveyor findings

- The organization's compliance program does not include all required elements.
- The organization does not conduct internal audits to monitor the effectiveness of its compliance program.
- The organization does not have a PI program in place so does not have an audit to monitor the compliance program.

Tips for compliance

- Develop a written compliance program that contains all required elements. Assign responsibility to the compliance officer to assure that audits are conducted to monitor the compliance program. Have the PI coordinator trend the data as part of the PI program.

DMEPOS SERVICES AND DISTINCTIONS

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HUMAN RESOURCE MANAGEMENT

DRX4-2H

Overview of the requirement

The standard ensures that background checks are completed on personnel with 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: 11%

Examples of Surveyor findings

Upon review of policy and procedure, the organization:

- Did not include written policies and procedures for background checks on personnel.
- Did not have complete background checks and some personnel records were missing required elements, as listed in the standard.

Tips for compliance

- Develop policies requiring complete background checks on all personnel at the time of onboarding.
- Assign the responsibility to the HR Manager to conduct background checks and maintain complete documentation in the personnel record.

DRX4-2J

Overview of the requirement

The organization must provide and document annual performance evaluations of all personnel.

Comment on deficiencies

The standard was cited when personnel files did not contain annual performance evaluations.

Frequency of citation: 7%

Examples of Surveyor findings

- Review of personnel files revealed no documentation of an annual performance evaluation.

Tips for compliance

- Assign the responsibility to the HR Manager to ensure that an annual performance evaluation is conducted and documented.

DRX4-7A

Overview of the requirement

The standard ensures that organizations have a competency assessment program for personnel.

Comment on deficiencies

The standard was cited when competency assessments were not completed nor documented.

Frequency of citation: 12%

Examples of Surveyor findings

- Upon review of the personnel records, it was observed that organization did not complete nor document competency assessments initially during orientation, prior to performing a new task, and annually.

Tips for compliance

- Assign the responsibility to the HR Manager to complete and document the competency assessments at the intervals required for all personnel who set up, train, and/or educate users on the equipment and/or supplies.
- Periodically review personnel files to ensure competency assessments are being completed at required frequencies.

DRX4-8A

Overview of the requirement

Organizations must develop and implement an education plan as part of in-service training for each classification of personnel.

Comment on deficiencies

The standard was cited when a plan for on-going education was not implemented appropriately.

Frequency of citation: 13%

Examples of Surveyor findings

- Personnel records showed no documentation of annual personnel training of one or more courses.
- Personnel training was not conducted annually.
- Not all personnel have completed the required annual training.

Tips for compliance

- Assign the responsibility to the HR Manager to ensure that all personnel receive annual training, and that the education is documented accordingly.
- Periodically review personnel files to ensure trainings are completed at required frequencies.

PROVISION OF CARE AND RECORD MANAGEMENT

DRX5-1A

Overview of the requirement

The standard ensures that a record is maintained for each client and that the record contains accurate clinical information.

Comment on deficiencies

The standard was cited when client records were missing relevant and required elements.

Frequency of citation: 13%

Examples of Surveyor findings

Upon review, client records:

- Did not have all relevant parts of the assessment completed (e.g., home or initial assessment, information).
- Did not contain an emergency contact.
- Did not have evidence of all required documentation.

Tips for compliance

- Develop and implement a policy related to contents of the client record.
- Assign the responsibility to the appropriate manager to ensure that all required elements of the record and assessments are completed and documented appropriately. Periodically review client records to ensure they contain all required elements.

DRX5-3D

Overview of the requirement

A plan of service and an initial assessment must be completed for all clients/patients.

Comment on deficiencies

The standard was cited when client records revealed incomplete plans of service and initial assessments.

Frequency of citation: 7%

Examples of Surveyor findings

Client records, assessments, and plans of service did not include required elements, including, but not limited to:

- Emergency contact.
- Environmental component.
- Functional limitations.
- Home safety assessment.
- Physician orders for the type and quantity of equipment/supplies needed.

Tips for compliance

- Ensure all clients have a complete and individualized plan of service.
- Assign the responsibility to the Director of Nursing to review plans of service for completion.
- Conduct quarterly reviews of plans of service to ensure accuracy and completion.



We're here to help.

To learn more, visit our website at [achc.org](https://www.achc.org), call us at (855) 937-2242, or email customerservice@achc.org.



QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

DRX6-1D

Overview of the requirement

The organization completes an annual written performance improvement (PI) report.

Comment on deficiencies

The standard was cited when the organization did not present an annual PI summary, or when the annual summary was incomplete.

Frequency of citation: 16%

Examples of Surveyor findings

- The organization does not have a PI program so an annual PI summary could not be completed.
- The organization does not complete a PI summary each year.
- The annual PI summary is missing one or more of the required elements.

Tips for compliance

- Assign responsibility to leadership to ensure that there is an ongoing PI program and that annual summaries are completed.
- Create a template for the annual PI summary that contains a list of all PI activities and a place to document their outcomes and corrective actions. This will assure that the summary is complete.

DRX6-2A

Overview of the requirement

PI activities contain the required items.

Comment on deficiencies

The standard was cited when PI activities were not fully defined and when re-evaluations were not performed when acceptable limits /thresholds/goals were missed.

Frequency of citation: 20%

Examples of Surveyor findings

- All or some PI activities do not have a complete description of the PI activity.
- All or some PI activities were missing acceptable limits/thresholds/goals.
- The organization did not re-evaluate findings that failed to meet acceptable limits/thresholds/goals.

Tips for compliance

- Have the PI Coordinator create PI activity descriptions that contain all standard elements. Use a template that includes these elements to assure all PI activities are completely defined.
- Establish acceptable limits /thresholds/goals for all PI activities aimed at improving performance.
- Change the PI activity descriptions and acceptable limits as needed throughout the year to help reach optimal outcomes.

DRX6-3C

Overview of the requirement

The standard ensures that the organization monitors satisfaction.

Comment on deficiencies

The standard was cited when organizations did complete patient satisfaction surveys or did not seek input from personnel and/or referral sources.

Frequency of citation: 15%

Examples of Surveyor findings

- The organization does not have a PI program in place so does not monitor satisfaction.
- A PI activity to monitor satisfaction surveys of clients/patients has not been completed.
- Input/feedback from personnel and/or referral sources has not been obtained.

Tips for compliance

- Assign responsibility to leadership to ensure that there is an ongoing PI program and that it monitors satisfaction.
- Conduct patient satisfaction surveys and monitor them frequently for and negative trends. Schedule time in advance to complete the monitoring.
- Implement a process to obtain feedback from personnel and referral sources at least annually.

RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

DRX7-5B

Overview of the requirement

The organization must establish and implement policies related to fire safety and emergency power systems.

Comment on deficiencies

The standard was cited when maintenance and routine checks were not completed within the time period stated in the standard.

Frequency of citation: 8%

Examples of Surveyor findings

Observation revealed:

- No fire extinguisher in delivery vehicle.
- Exit route signs not illuminated.
- Annual fire drills not documented.
- No documented evidence of fire extinguisher annual maintenance.
- No evidence the organization tested emergency power sources annually.

Tips for compliance

- Assign responsibility to ensure that policies and procedures related to fire safety and emergency power systems are implemented effectively.
- Set a reminder on a calendar to prompt you when maintenance and testing are due.

 **DRX7-6B****Overview of the requirement**

Policies and procedures must support correct labeling and storage practices of hazardous chemicals.

Comment on deficiencies

The standard was cited due to inadequate and improper practices related to labeling and storage of hazardous chemicals.

Frequency of citation: 7%

Examples of Surveyor findings

The following was observed as deficient practices:

- Labels did not include contents or hazard warnings.
- Missing Safety Data Sheets.
- Company vehicle did not include masks in the PPE kit.
- Current Safety Data Sheets were not accessible to personnel.

Tips for compliance

- Routinely inspect storage areas and supplies for compliance with OSHA requirements.

 **DRX7-12D****Overview of the requirement**

The standard ensures that personnel implement and adhere to the organization's policies and procedures for equipment/product cleaning, storage, and safety.

Comment on deficiencies

The standard was cited when personnel were not following the organization's policy and procedures for cleaning, storage, and safety.

Frequency of citation: 22%

Examples of Surveyor findings

Upon observation, the following deficiencies were noted:

- Improper storage of oxygen tanks in the warehouse or delivery vehicle.
- Personnel were unaware of the required dwell time for the disinfectant being used.
- There was inconsistent documentation of cleaning and testing of equipment.
- Expired product found in storage areas.
- Equipment was not properly secured in delivery vehicles.
- The warehouse area did not have clearly designated and marked areas for the separation of dirty, inoperable, and clean equipment.

Tips for compliance

- Assign responsibility to ensure that storage areas are inspected for expired products within the appropriate time period.
- Conduct routine inspections of the storage areas to ensure that products, equipment, and supplies are properly segregated, maintained securely, safely, and according to the manufacturer's guidelines.
- Routinely monitor cleaning and maintenance records to assure cleaning, testing, and maintenance are completed as needed. Re-educate personnel on the required dwell time for disinfectants to be effective.
- Promote a culture of risk mitigation and infection/safety control within the organization.

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