ACHIEVING ACHC RENAL DIALYSIS ACCREDITATION

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LEARNING OBJECTIVES

- Introduction to ACHC
- Review the Application Process
- Learn what resources are available and what tools to utilize to help prepare for the accreditation survey
- Establish expectations for the on-site survey and strategies for survey success
- Get a detailed look at the survey day and post-survey process
ABOUT ACHC

- Nationally recognized accreditation organization (AO) with more than 30 years of experience
- CMS deeming authority for Home Health, Hospice, Home Infusion Therapy, Renal Dialysis, and DMEPOS
- Recognition by most major third-party payors
- Approved to perform many state licensure surveys for specific programs
- First AO with a Quality Management System certified to ISO 9001:2015
- Currently accredit over 18,000 agencies/organizations across the US
RENAL DIALYSIS ACCREDITATION

- Earned CMS deeming authority in April 2019
- Program-specific standards inclusive of Medicare Conditions for Coverage (CfCs)
- Life Safety Code Surveys
- Accreditation for both in-center dialysis and home therapy services, including:
  - New/Initial Certifications
  - Renewal Certifications
  - Service Additions
ACHC PROGRAMS AND SERVICES

HOME HEALTH
- Home Health Aide
- Medical Social Services
- Occupational Therapy
- Physical Therapy
- Skilled Nursing
- Speech Therapy

HOSPICE
- Hospice Inpatient Care
- Hospice Care

PRIVATE DUTY
- Private Duty Aide
- Private Duty Companion/Homemaker
- Private Duty Nursing
- Private Duty Occupational Therapy
- Private Duty Physical Therapy
- Private Duty Speech Therapy
- Private Duty Social Services

HOME INFUSION THERAPY
- Home Infusion Therapy Supplier

DMEPOS
- Community Retail
- Clinical Respiratory Care Services
- Fitter
- Home/Durable Medical Equipment
- Medical Supply Provider
- Complex Rehabilitation and Assistive Technology Supplier

SLEEP
- Sleep Lab/Center
- Home Sleep Testing

RENAL DIALYSIS
- Home Dialysis Support
- In-Center Dialysis

AMBULATORY CARE
- Convenient Care Clinics

BEHAVIORAL HEALTH
- ACHC offers a variety of Behavioral Health services to suit your accreditation needs. Contact ACHC for details or visit achtc.org for a complete listing of services available.

PHARMACY
- Ambulatory Infusion Center
- Infusion Nursing
- Infusion Pharmacy
- Specialty Pharmacy
  - With DMEPOS
  - Without DMEPOS
- Mail Order Pharmacy
- Long-Term Care Pharmacy
- PCAB Accreditation (A Service of ACHC)
  - Non-Sterile Compounding (Ref. USP <795>)
  - Sterile Compounding (Ref. USP <797>)
- ACHC Inspection Services (AIS)

DISTINCTIONS
- Distinction in Behavioral Health
- Distinction in Rare Diseases and Orphan Drugs
- Distinction in Hazardous Drug Handling (Ref. USP <800>)
- Distinction in Infectious Disease Specific to HIV
- Distinction in Nutrition Support
- Distinction in Oncology
- Distinction in Palliative Care
- Distinction in Telehealth
EXPERIENCE THE ACHC DIFFERENCE

- Standards created for providers, by providers
- All-inclusive pricing: no annual fees
- Personal Account Advisors
- Commitment to exceptional customer service
- Surveyors with industry-specific experience
- Dedicated clinical support
- Dedicated regulatory support
- Educational resources
COLLABORATIVE SURVEY APPROACH

- ACHC values guide the survey approach and provide the facility with:
  - Consistency in interpretation of requirements
  - Accuracy in reporting findings/observations
  - The opportunity to clarify or correct ACHC deficiencies
  - Active engagement to promote ongoing success post-survey
SURVEYOR EXPERTISE

- Surveyor knowledge and expertise drive both the experience and the quality of the survey
- Surveyor success is driven by ACHC processes and tools
  - Surveyor Training
  - Surveyor Annual Evaluations
  - Internal Post-Survey Reviews
  - Customer Provided Satisfaction Surveys
PERSONAL ACCOUNT ADVISORS

- Primary contact with customers
- Assigned once a customer submits an application
- Key resources in navigating the ACHC survey process
  - Pre-survey phone calls
  - Email with links to brief survey-prep webinars and other resources
- Questions that cannot be answered by the AA will be sent to the appropriate Clinical or Regulatory department.
- One question the AA cannot answer: When is my survey?
Wondering how to get started with ACHC?

Create your Customer Central Account

- Step 1: Visit cc.achc.org
- Step 2: Complete the demographic information
- Step 3: Preview the appropriate standards
- Step 4: Download your customized ACHC standards
EASY APPLICATION PROCESS

- Online application
- Deposit
- Signed Accreditation Agreement
- Payment method
- Preliminary Evidence Report (PER) checklist
- Required documents in order to be placed into scheduling
ONLINE APPLICATION

- Select “NEW APPLICATION” or “RENEWAL”

- Main office
  - Profile
  - Location
  - Contacts
  - Services

- Services you want accredited
  - In-center Hemo
  - Home Therapy
  - Dialysis in LTC/SNF (Home Therapy)
  - Current Census per modality

- Renewals should complete application six to nine months prior to expiration
PRELIMINARY EVIDENCE REPORT (PER)

- PER
  - Mandatory documents and/or criteria that must be submitted and met in order to begin the survey process – Approved 855 A, CMS Form - 3427, LSC Waiver, ESRD Network Agreement

- Date of Compliance you establish on the PER
  - ACHC-only requirements/non-CfCs

- Medicare CfCs, state requirements
  - Acceptance of first patient

- Agency policies
  - Implementation date of policy
EXTENDED POLICY REVIEW

- Optional review of complete policies and procedures by an ACHC Surveyor to determine compliance prior to the on-site survey
- Feedback from an ACHC Surveyor regarding the alignment of agency’s policies and procedures to ACHC Accreditation Standards
- Option to purchase through Customer Central
- Customized reference guide for required documents and policies and procedures, available as a download
EXTENDED POLICY REVIEW RESULTS

- Desk Review Report will come from the Account Advisor
- 21 days to revise and re-submit all corrections to Account Advisor
- 30-day window to prepare staff
  - Policy often reflects practice
SO WHEN AM I OFFICIALLY “IN PROCESS?”

- Completed application (online)
- Deposit (online)
- Completion and return of PER (online)
- Signed and returned Accreditation Agreement
- When will your survey be conducted?
  - New application — 25-30 days the latter of one of the two scenarios:
    - After the specified “Date of Readiness” or
    - After all required documents are received by the AA
  - Renewal — Based on when you apply and when accreditation expires

NOTE: Survey offers do not go out to surveyors until all required paperwork has been received by ACHC
PRE-SURVEY ESSENTIAL MANUALS

- ACHC Accreditation Standards
- State Operations Manual, Chapter 2 — The Certification Process
- State licensing laws/regulations
- Agency policies and procedures
- Scope of practice for each discipline provided
- Local laws/regulations

Always follow the most stringent regulation!
GUIDE TO SUCCESS WORKBOOK

Helpful tools in the ACHC Accreditation Guide to Success workbook

- **Essential Components**
  - Each ACHC standard contains “Essential Components” that indicate what should be readily identifiable in policies and procedures, personnel records, medical records, etc.
  - Each section also contains audit tools, sample policies and procedures, templates, and helpful hints

- **Other Tools**
  - Each section contains a compliance checklist and a self-assessment tool to further guide the preparation process. In addition, the following are also provided:
    - Interview Questions — Survey Process
    - Medical chart audits — Section 5
    - Personnel file audits — Section 4
    - Items Needed for the On-Site Visit — Survey Process
    - Medicare CfC Checklist

- **Section Index**
  - Quickly locate important information for successfully completing the ACHC accreditation process
PREPARATION FOR SURVEY

- Educate key staff
  - Clinical staff (employees & contract)
  - Administrative
  - Governing body
  - Medical Director
  - QAPI Coordinator
  - Patients

- Prepare the facility
  - Office/lobby space
  - Treatment area
  - Warehouse (water room, supply area)
DAY OF SURVEY

- Unannounced per CMS requirements
- Notification call (no more than 30 minutes prior to arrival)
- Surveyor may show up at anytime during the hours of operation
- Upon arrival, the surveyor will provide you with a picture ID
- Opening conference
- Tour of facility
- Treatment observations
- Water treatment observations
- Reuse observation (if applicable)
- Patient SNF home visits (if applicable)
SURVEY DAY (CONT.)

- Try to keep your staff relaxed and focused
- We understand some interruptions may occur as patients are your top priority (Just keep us in the loop)
- Perfection is not the goal of the day
- Almost everything can be “fixed”
- There is nothing your staff can say in an interview that will sink the ship, so relax!
- Deficiencies are common… and expected
- Ask questions/seek clarification
- The Surveyor is approachable and open to discussion, so challenge him/her for an explanation if you don’t agree or don’t understand.
SURVEY DAY (CONT.)

- The Surveyor is considered a data collector and does not play any role in the ultimate review decision or the status of your accreditation.
- Look at this as the opportunity to identify and improve potential risky or non-compliant areas.
- You will be given the opportunity to correct deficiencies during the survey day (if reasonable).
- Correcting deficiencies as you go for ACHC only standards eliminates the need to submit a Plan of Correction for those items.
- If requested items cannot be located in a “reasonable time frame,” the item must be marked as a “no” on the scoring tool.
ON-SITE SURVEY

- Personnel file review
- Patient chart review
- Interview with patients, staff, management, governing body, and Medical Director
- Review of agency’s implementation of policies
- Quality Assessment Performance Improvement (QAPI)
- Emergency Preparedness Plan
- Exit conference
OPENING CONFERENCE

- Begins shortly after arrival of Surveyor
- Completion of CMS paperwork
  - CMS 3427
- KEY REPORTS
  - Current census with specific details (Name, date of admission, LTC/SNF residents)
  - Access report with date of insertion/creation
  - Discharge and transfers (to include IVD’s)
  - List of patient’s considered “unstable” per the comprehensive assessment criteria
  - Outlier Report
  - Outcomes lists
OPENING CONFERENCE

- Designate a space for the Surveyor(s)
- Laptop or computer to access medical records
  - Read-only access
- Appoint a liaison
- Any previous survey results from past 12 months (if applicable)
- Patient admission packet and education materials
- Facility policies and procedures
TOUR

- Brief tour of facility
  - Treatment area (in-center and home training)
  - Medication room/area
  - Reuse Room (if applicable)
  - Water room/Warehouse
  - Lab
  - Medical record storage
  - Maintaining confidentiality of Protected Health Information (PHI)
  - Supply area
  - Biohazardous waste area
  - Required posters in place
  - Fire extinguishers/smoke detectors/non-smoking signage
  - Restrooms
PERSONNEL RECORD REVIEW

- Review personnel records for key staff, and contract staff
  - Application, tax forms, and I-9
  - Job descriptions and evaluations
  - Verification of qualifications
  - Orientation records, competencies, and ongoing education
  - Medical information
  - Background checks

For a complete listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.
MEDICAL CHART REVIEWS

- Based on the total facility census at the time of survey to include patients receiving dialysis treatments at a LTC facility.
  - Not meeting outcome goals ("outliers") in the data-driven focus areas
  - Unstable
  - New admission <90 days
  - Long Term Care (LTC) residents receiving home dialysis in a nursing home
  - Complaints, if applicable (Patients involved with a complaint being investigated during the survey)
  - Involuntarily discharged (IVD) in the past 12 months, if applicable (Do not include patients who voluntarily or involuntarily transferred to other dialysis facilities)
MEDICAL CHART REVIEWS

- Electronic Medical Record
  - Do not print the medical record
  - Need access to the entire record
  - Need to have a laptop/desktop supplied by the agency
  - Navigator/outline
## MEDICAL RECORD REVIEW & SNF/LTC VISITS

<table>
<thead>
<tr>
<th>Current Census</th>
<th>Minimum # of Record Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-50</td>
<td>Minimum of 5</td>
</tr>
<tr>
<td>51-100</td>
<td>Minimum of 7</td>
</tr>
<tr>
<td>101-150</td>
<td>Minimum of 10</td>
</tr>
<tr>
<td>&gt;150</td>
<td>Minimum of 15</td>
</tr>
</tbody>
</table>

*If there are fewer than five patients on the facility census, which may occur for facilities that are requesting initial certification, all patients on the facility’s census will be reviewed. *Visits to a minimum of two SNF/LTCF where renal dialysis patients are receiving home dialysis.
TREATMENT OBSERVATIONS

- Facility responsibility to obtain consent from patient
- Observations to include all aspects of treatment
- Observe medication preparation and administration
- Disinfect of patient station
- Prepare patients and families for potential interviews
EXIT CONFERENCE

- Mini-exit
  - At the end of each day to identify the deficiencies

- Final exit conference
  - Surveyor cannot provide a score
  - Present all corrections prior to the exit conference
  - Invite those you want to attend
  - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard
  - Seek clarification from Surveyor while still on site
POST-SURVEY PROCESS

- ACHC Accreditation Review Committee examines all the data
- Accreditation decision is determined based primarily on CfC/V tag deficiencies
- Summary of Findings is sent within 10 business days from the last day of survey
**ACHC ACCREDITATION DECISION DEFINITIONS**

**ACCREDITED**
Provider meets all requirements for full accreditation status. Accreditation is granted but Plan of Correction (POC) may still be required.*

**ACCREDITATION PENDING**
Provider meets basic accreditation requirements but accredited status is granted upon submission of an approved POC.

**DEPENDENT**
Provider has significant deficiencies to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.

**DENIED**
Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.
PLAN OF CORRECTION (POC) REQUIREMENTS

- Due in 10 calendar days to ACHC
- Deficiencies are autofilled
- Plan of Correction
  - Specific action step to correct the deficiency
- Date of compliance of the action step
  - 10 calendar days if condition-level
  - 30 calendar days if standard-level
- Title of individual responsible
- Process to prevent recurrence (two-step process)
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance
QUESTIONS?

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