EXPERIENCE THE ACHC DIFFERENCE

Achieving a Successful Private Duty Survey
EXPERIENCE THE ACHC DIFFERENCE

Pre-Survey Preparation
SURVEY PREPARATION

- State and local laws
  - Your organization must always comply with the most stringent regulation in order to be in compliance
  - Make sure you are reviewing all applicable laws for your program and in your state

- Established agency policies and procedures
  - Must abide by policies and procedures
CREATE 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
DEMographic Information

Customer Central is your personalized website to complete the accreditation process, from start to finish!

Please provide the information requested below to create your account and download ACHC standards.

- First Name
- Last Name
- Phone
- Email
- Company Name
- DBA Name
- Address
- City
- State
- ZIP
- Accreditation Programs
- Number of Locations
- Select a Username
- Enter Password
- Confirm Password

Accreditation completed by:

Which of the following best describes you?

- Yes
- No

How did you hear about ACHC?

Are you hospital-affiliated?

Submit
DOWNLOAD STANDARDS

- PDN-Nursing
- PDA-Aide
- PDC-Companion
- PDOT-Occupational Therapy
- PDPT-Physical Therapy
- PDST-Speech Therapy
- PDSW-Social Work
- PDIN-Infusion Nursing
- PCPD-Palliative Care
# APPENDIX A

## Appendix A: Standard Service Table for Selected Services

<table>
<thead>
<tr>
<th>Standard</th>
<th>PDA</th>
<th>PDC</th>
<th>PDIN</th>
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# Appendix B

## Appendix B: Reference Guide for Required Documents, Policies and Procedures

Customized for: PDA, PDC, PDIN, PDN, PDOT, PDPT, PDST, PDSW

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</table>
APPLICATION

- 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
- Additional locations
- 10 Blackout dates
- Identify services you want accredited
- Renewal should complete application 6-9 months prior to expiration
- Contact your AA if any of this information needs to be updated
PRELIMINARY EVIDENCE REPORT

PRELIMINARY EVIDENCE REPORT (PER) INITIAL CHECKLIST

PRIVATE DUTY

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for initial Private Duty accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Verification of the following is required for organizations seeking initial accreditation:

☐ The organization must have provided care to a minimum of 5 clients/patients, having 1 nurse at time of survey unless state law requires more

Confirmation of the following (initial in some provided):

☐ I attest that this organization processes all policies and procedures as required by ACHC Accreditation Standards

☐ I acknowledge that this organization will be in compliance with ACHC Accreditation Standards as of (date)

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services and Business Associate Agreement are submitted to your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

***PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH APPROPRIATE STATE REGULATIONS.

I, having the authority to represent this organization, verify that __________________________ (organization/s)________________________ (legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on-site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC if it has met all of the above requirements.

(Name)  (Title)

(Date)  (Signature)
PER CHECKLIST

- **PER**
  - Mandatory documents and/or criteria that must be submitted and met in order to begin the survey process

- **Date of Compliance** you establish on the PER
  - ACHC-only requirements
  - 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 the Customer Central portal
- Customized reference guide for required documents and policies and procedures, available as a download
- Utilize Appendix B to organize policies
## Appendix B

### Appendix B: Reference Guide for Required Documents, Policies and Procedures

Customized for: PDA, PDC, PDIN, PDN, PDOT, PBPT, PDS, PDSW

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POLICY REVIEW RESULTS

- Desk Review Report will come from your Account Advisor
- 21 days to revise and re-submit all corrections to Account Advisor
- 30-day window to prepare staff
  - Policy often reflects practice
ACHC ACCREDITATION GUIDE TO SUCCESS WORKBOOK

Private Duty
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

- Quick Standard Reference
  - Quickly locate important information for successfully completing the ACHC accreditation process
PREPARATION

- Educate Key Staff
  - Clinical/bedside staff
  - Administrative/leadership
  - Governing body
  - Patients

- Prepare the agency
  - Human Resources
  - IT
  - Walk around your agency
ACHIEVING A SUCCESSFUL SURVEY OUTCOME

Understanding the ACHC Private Duty Standards
REVIEW THE STANDARDS

- Identifier
  - PD (PDN, PDA, PDC, PDPT, PDOT, PDST, PDSW, PDIN, PCPD)

- Standard
  - Provides a broad statement of the expectation in order to be in compliance with ACHC standards

- Interpretation
  - Gives you more detailed information and specific direction on how to meet ACHC standards

- Evidence
  - Items that will be reviewed to determine if the standard is met
MOST STRINGENT REGULATION

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards
ITEMS NEEDED FOR ON-SITE SURVEY
PRIVATE DUTY

All necessary items will be determined by the Surveyor during your site survey. Please review these items available prior to your survey so you can be prepared. If you have any questions, please contact your Accreditor.

- Correct patient census complete with start and stop date, admitting diagnosis, and discharge location
- Correct schedule of fluids
- Discharge summary (patient cared for past month (over five since start of operation if less than a year)
- Personalized medical/clinical discipline archive (including direct care contract staff)
- Appointments survey results from the past year
- Admit on pre-operative education will give to patients
- Staff orientation training for current month
- Any internal Plan of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to operation for less than one year.

This document is applicable to PSO, PAF, PDPF, PDR, PHS, F07, and F09. You should refer to the standards applicable to the services your agency provides for full details of the requirements for compliance.

ACOHC Standard | Required Items
--- | ---
P01-1A | Copy of current applicable license, permit and copy of articles of incorporation/bylaws
P02-1A | Access to facility and procedures manual with the following categories/requirements:
- P02-1A.1 Patient rights and responsibilities policy
- P02-1A.2 Admission and discharge policy
- P02-1A.3 Visitation policy
- P02-1A.4 Infection control policy
- P02-1A.5 Medical record policies
- P02-1A.6 Pharmacy policy
- P02-1A.7 Emergency plan
- P02-1A.8 Advanced life support capability
- P02-1A.9 Physical environment

ACOHC Standard | Required Items | Located
--- | --- | ---
P04-1A | Performing annual meetings minutes for the past two (2) years and documentation of addition of new and/or revised rules as well as agency requirements
P04-4B | Any rules for the Administrator never at risk of being changed or altered and have been approved by the governing body
P04-4C | The written policies of this site are compiled and administered by the Administrator

ACOHC Standard | Required Items
--- | ---
P04-1A | Evidence of monitoring of patient care and treatment (high-risk, high volume, problematic)
P04-2B | Evidence of monitoring of all patients
P04-3A | Evidence of monitoring of any aspect related to administrative function of the agency
P04-3B | Evidence of monitoring of any aspect related to administrative function of the agency
P04-4A | Incident logbooks for proper documentation, investigation and resolution of adverse events
P04-4B | Evidence of monitoring of patient care and treatment (high-risk, high volume, problematic)

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ACOHC Standard | Required Items
--- | ---
P07-1A | Evidence of monitoring of any aspect related to administrative function of the agency
P07-2A | Evidence of monitoring of any aspect related to administrative function of the agency
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Accl Fullcolor_11x17 v3 (2).pdf Page 3 of 3
REPORTS

- Current census
- Current schedule of visits
- List of live discharges/transfers for past 12 months
- Personnel list
  - Employees
  - Contract staff
- Previous survey results for past year
- Admission packet and education materials
- Staff meeting minutes for past 12 months
- Internal Plans of Corrections
SECTION 1

- Copies of bylaws, Articles of Incorporation
- Governing body meeting minutes for the past 12 months
- Orientation records and signed confidentiality statements for governing body members
- Organizational chart
- Contracts for any direct-care services and copy of professional liability insurance
- CLIA certificate of waiver for laboratory testing being performed at your agency as well as verification that the referral laboratory is certified in the appropriate specialties and subspecialties
- Verification of physician licensure
SECTION 2

- Marketing materials
- Business Associate Agreements
- Grievance/complaint log
- Compliance plan/program
- On-call calendar
- Evidence of how communication language barriers are addressed
- Evidence of how ethical issues are addressed
SECTION 3

- Budget/evidence of review of budget
- Written list of patient service care charges
SECTION 4

- Personnel records
  - Direct-care staff and contract staff
  - Administrator and Clinical
- Employee handbook or evidence that staff have access to personnel policies and procedures
- Written education plan and evidence of ongoing education
SECTION 5

- Medical records
  - Surveyor needs the entire medical record (electronic and paper documents)
  - Do not print the medical record
  - Surveyor will need “read only” access to the entire medical record
  - Agency must provide the Surveyor with a laptop or desktop computer for reviewing the medical record
- Referral log or evidence of referrals not admitted
SECTION 6

- Performance Improvement (PI) Program
  - Individual designated as responsible for the program
  - Evidence that governing body, organizational leaders and personnel are involved in the program

- Evidence for the tracking of:
  - Complaints and grievances
  - Patient incidents/variances
  - Quarterly chart audit

- Ongoing and/or current PI projects
- Annual evaluation of PI Program
SECTION 7

- Evidence of an Infection Control Program
  - TB Exposure Plan
  - Bloodborne Pathogen Plan
  - Policies and procedures
  - Training of staff
- Emergency disaster plan
- Annual office fire drill
- Access to SDS information
- Maintenance logs
FOCUS AREAS

- Utilize the audit tools, Compliance Checklists, and Self-Assessment to prioritize education
- Implement an internal Plan of Correction (POC)
- Share improvements with your Surveyor during survey
ACHIEVING A SUCCESSFUL SURVEY OUTCOME

On-site Survey Process
ROLE OF SURVEYOR

- To ensure ACHC Accreditation Standards are being followed
- Data collectors
- Documented evidence that is “readily identifiable”
ON-SITE SURVEY

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient home visits/patient chart review
- Interview with staff, management, governing body, and volunteers
- Review of agency’s implementation of policies
- Performance Improvement (PI)
- Exit conference
OPENING CONFERENCE

- Begins shortly after arrival of Surveyor
- Good time to gather information needed by the Surveyor
- KEY REPORTS
  - Current census and current schedule of visits
    - Name, diagnosis, start of care date, disciplines involved
  - Discharges and transfers
  - Personnel (Employee and contract)
    - Name, start of hire, and discipline/role
TOUR

- Brief tour of facility
  - Medical record storage
  - Maintaining confidentiality of Protected Health Information (PHI)
  - Supply closet
  - Biohazard waste
  - Required posters
  - Fire extinguishers/smoke detectors/non-smoking signage
  - Restrooms
PERSONNEL RECORD REVIEW

- Review personnel records for key staff, contract staff, and volunteers
  - 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.
# Personnel File Review

Please gather or flag the identified items for the following personnel/contract individuals.

## Compliance Date:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Item Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD4-1B</td>
<td>Position application (N/A for contract staff)</td>
</tr>
<tr>
<td>PD4-1B</td>
<td>Dated and signed withholding statements; (N/A for contract staff)</td>
</tr>
<tr>
<td>PD4-1B</td>
<td>I-9 Form (N/A for contract staff)</td>
</tr>
<tr>
<td>PD4-2B</td>
<td>Evidence that licensed staff credentials are current &amp; verification that non-licensed staff are qualified</td>
</tr>
<tr>
<td>PD4-2C</td>
<td>Evidence of initial and annual TB screening</td>
</tr>
<tr>
<td>PD4-3D</td>
<td>Evidence of Hepatitis B vaccination received or signed declination statement</td>
</tr>
<tr>
<td>PD4-3F</td>
<td>Signed job description or contract</td>
</tr>
<tr>
<td>PD4-3H</td>
<td>Current driver's license and MVR check; if applicable</td>
</tr>
<tr>
<td>PD4-4J</td>
<td>Criminal background check</td>
</tr>
<tr>
<td>PD4-4H</td>
<td>Office of Inspector General Exclusion List check</td>
</tr>
<tr>
<td>PD4-4H</td>
<td>National sex offender registry check, if applicable</td>
</tr>
<tr>
<td>PD4-5L</td>
<td>Evidence of access to personnel policies (N/A for contract staff)</td>
</tr>
<tr>
<td>PD4-5L</td>
<td>Most recent annual performance evaluation</td>
</tr>
<tr>
<td>PD4-5A</td>
<td>Evidence of orientation</td>
</tr>
<tr>
<td>PD4-6A &amp; PD4-6B</td>
<td>Initial and annual competency assessment</td>
</tr>
<tr>
<td>PD4-7A &amp; PD4-7B</td>
<td>Evidence of annual education</td>
</tr>
<tr>
<td>PD4-7D</td>
<td>Initial and annual on-site observation visits</td>
</tr>
<tr>
<td>PD4-2A</td>
<td>Verification of additional education needed to administer pharmaceuticals or special treatments</td>
</tr>
<tr>
<td>PD4-3A</td>
<td>Conflict of Interest Disclosure Form, if applicable</td>
</tr>
<tr>
<td>PD2-5A</td>
<td>Signed confidentiality statement</td>
</tr>
<tr>
<td>PD2-6B</td>
<td>Evidence of CPR, if applicable</td>
</tr>
</tbody>
</table>

Other state- or agency-specific requirements
MEDICAL CHART REVIEWS

- Review five patient/client charts
- Representative of the care provided
  - Interdisciplinary
  - Pediatric-geriatric
  - Environment served
  - Medically complex
  - All payors
- 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
HOME VISITS

- Will complete one home visit
- Visits will be with patients already scheduled for visits if census is large enough to accommodate
- Agency responsibility to obtain consent from patient/family
- Prepare patients and families for potential home visits
- Surveyor transportation
EXIT CONFERENCE

- Final exit conference
  - Present all corrections prior to the exit conference
  - Surveyor cannot provide a score
  - 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
CORRECTED ON SITE

- ACHC-only requirements can be corrected on site and a Plan of Correction (POC) will not be required
RESOURCES

- Account Advisor
- Customer Central
- Private Duty Survey Prep Packet
  - Items Needed for On-Site Survey
  - Top Survey Deficiencies
  - Personnel File Review
  - Pulse Oximetry in the Home
- Monthly “Did You Know” emails
- ACHC Today emails
- ACHCU educational division (achcu.com)
TOP SURVEY DEFICIENCIES

- Learn what the top survey deficiencies are and how to avoid them in the next webinar that will be sent to you after you have your pre-survey call with your Account Advisor.
THANK YOU

Accreditation Commission for Health Care
139 Weston Oaks Ct., Cary, NC 27513
(855) 937-2242 | achc.org