



EDUCATIONAL RESOURCES

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 achc.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

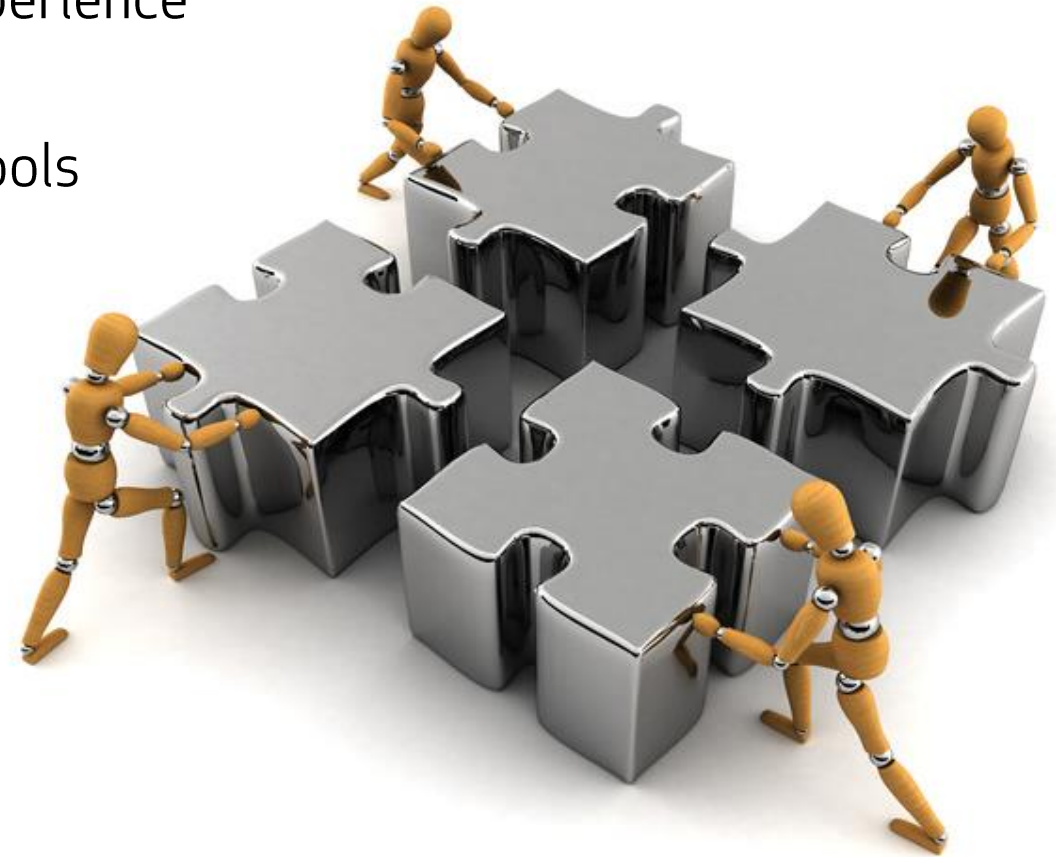


COLLABORATIVE SURVEY APPROACH

- 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



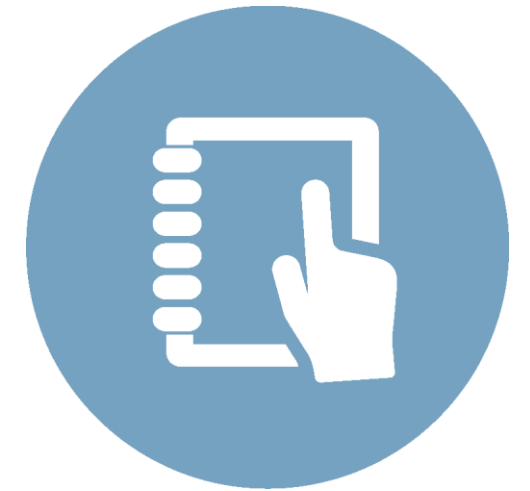
EXTENDED POLICY REVIEW

- 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?”

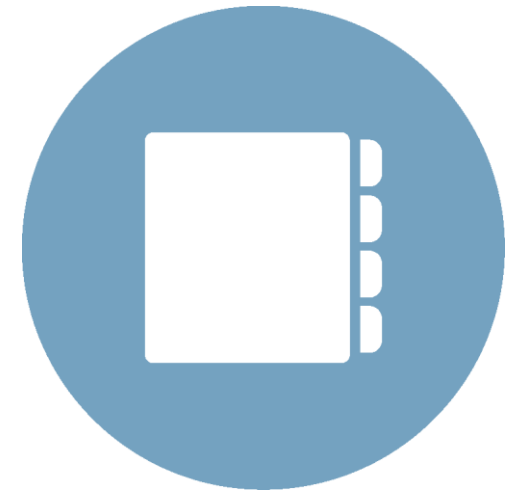
- Completed application (online)
- Deposit (online)
- Completion and return of PER (online)
- Signed and returned Accreditation Agreement
- When will your survey be conducted?
 - New application —25-30 days the latter of one of the two scenarios:
 - After the specified “Date of Readiness” or
 - After 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

- State Operations Manual Appendix H — Guidance to Surveyors: ESRD Facilities
- 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!



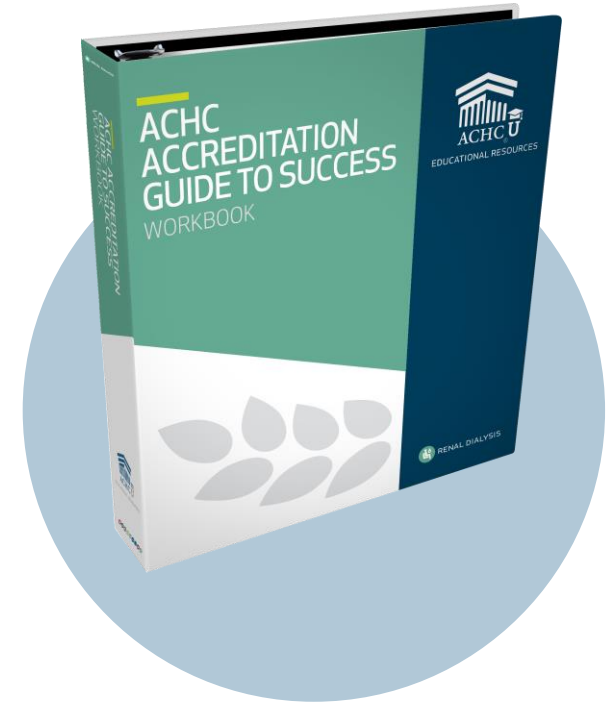
GUIDE TO SUCCESS WORKBOOK

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

Current Census	Minimum # of Record Reviews
1-50	Minimum of 5
51-100	Minimum of 7
101-150	Minimum of 10
>150	Minimum of 15

*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.*



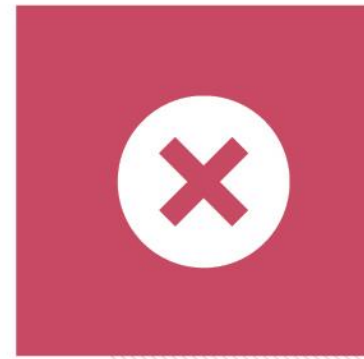
ACCREDITATION PENDING

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





EDUCATIONAL RESOURCES

QUESTIONS?

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