



FOR PROVIDERS.  
BY PROVIDERS.

# EXPERIENCE THE ACHC DIFFERENCE

ACHC Palliative Care  
Accreditation

 PALLIATIVE CARE



# ABOUT ACHC

*MISSION: 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.*

- 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
- Quality Management System certified to ISO 9001:2015

# HOW DO WE COMPARE?

**Customer service - 98% of customers related the experience as positive, we do conduct satisfaction surveys that address all stages of the survey process.**

- **Reliability and consistency - in our interpretation of our standards**
- **Commitment - to providing best possible experience--we realize the survey we conduct greatly impacts your organization by improving business operations, ensuring regulatory compliance and enhancing patient care**
- **Reputation - Accuracy in reporting**
- **Knowledgeable Surveyors – RN surveyors we hire all have industry specific experience for the surveys they conduct**
- **Educational on-site surveys - Biggest difference, we train our surveyors to not only identify the gaps in your processes but also to provide education on how to close the gaps between your practice and the regulation**

# Palliative Care Accreditation

- Created specifically for community-based palliative care programs
- Program-specific standards based on the National Consensus Project for Quality Palliative Care guidelines
- Accreditation cycle is renewed every 3 years
- Additional offerings:
  - Virtual surveys
  - Distinction in Telehealth



# Requirements For Palliative Care

- Be licensed and registered according to applicable state and federal laws and regulations and maintain all current legal authorization to operate
- Occupy a building in which services are provided and coordinated that is identified, constructed, and equipped to support such services
- Clearly define the services it provides directly or under contract
- Programs must have at least three (3) active patients and have served five (5) patients in order to be surveyed in the service seeking accreditation

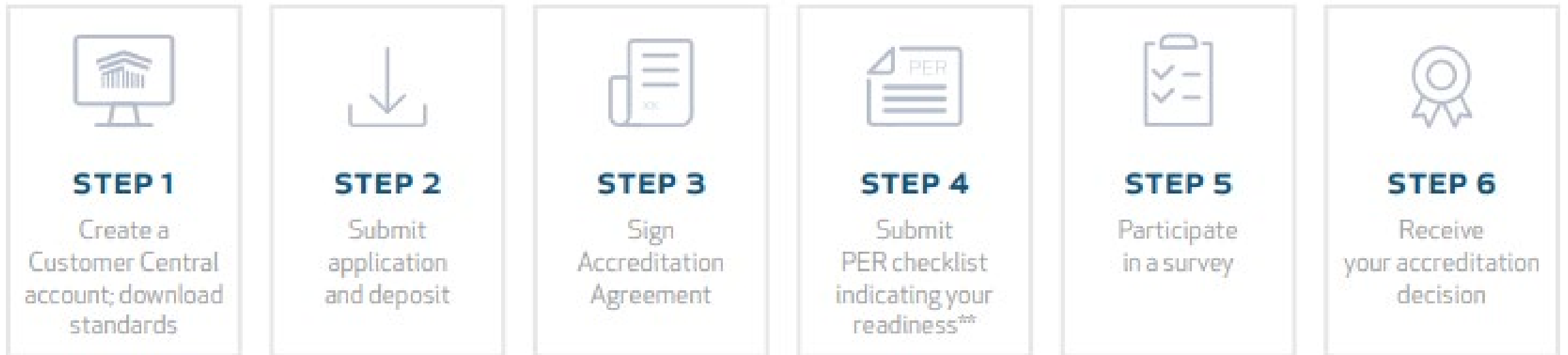
# PALLIATIVE CARE ACCREDITATION



\*3 must be active at time of initial accreditation

# PALLIATIVE CARE ACCREDITATION

## ACCREDITATION MADE SIMPLE



\*\*FOR INITIAL APPLICANTS ONLY

# PALLIATIVE CARE ACCREDITATION

Reasons to choose accreditation:

- Industry direction toward quality care
- Creates a culture of compliance - audits, Performance Improvement (PI), and survey process
- Become a provider of choice and differentiate yourself from other providers
- Marketing advantage
- All inclusive pricing
- Dedicated AA, Clinical, and Regulatory departments
- Program-specific educational resources





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## On-Site Survey Process



# ON-SITE SURVEY PROCESS

- Policy review on-site; unless policies are pre-approved ahead of survey
- Surveys are announced and you will receive a call the morning of survey
- On site:
  - Observation
  - Interviews
  - Observation visit
  - Medical record review/Personnel record review
  - Contracts
  - Performance Improvement
- Review by the Review Committee
- Accreditation decision is made

# OPENING CONFERENCE

- Begins shortly after arrival of Surveyor
- Invite those involved in the process
- 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
  - Discharge and transfers
  - Personnel (contract)
    - Name, start of hire, and discipline/role

# 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

# TOUR

- Quick 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
- Policies and procedures available for reference
- Quality Assessment and Performance Improvement presentation (brief)

# 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, 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

- Will review five medical records
  - Sample of active and closed records
- Representative of the care provided
  - Pediatric-geriatric
  - Environment served
  - Medically complex
  - Payor sources

# OBSERVATION VISIT

- Will conduct one observation visit
- Visit will be with patients already scheduled for visits if census is large enough to accommodate
- Program responsibility to obtain consent from patient/family
- Prepare patients and families for potential observation visits
- Surveyor transportation



# EXIT CONFERENCE

- Exit conference
  - Present all corrections prior beforehand
  - Invite those you want to attend
  - Cannot provide a score
  - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard
  - Seek clarification from your Surveyor while still on site

# ORGANIZATION AND ADMINISTRATION

- Copies of By-laws, Articles of Incorporation
- Licenses, permits, etc
- Conflict of Interest Disclosures
- Manager/Leader and Alternate designations
- Contracts for any direct-care services and copy of professional liability insurance
- Verification of practitioner licensure

# PROGRAM/SERVICE OPERATIONS

- Marketing materials
- Patient Rights and Responsibilities
- HIPAA
- Business Associate Agreements
- Grievance/complaint log
- On-call calendar
- Evidence/mechanisms of how communication language barriers and cultural diversity are addressed
- Evidence of how ethical issues are addressed

# FISCAL MANAGEMENT

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

# HUMAN RESOURCE MANAGEMENT

- Personnel records
  - Direct-care staff and contract staff
  - Manager/Leader and Clinical
- Employee handbook or evidence that staff have access to personnel policies and procedures
- Written education plan and evidence of ongoing education
- Organizational Chart

# PROVISION OF CARE AND RECORD MANAGEMENT

- Medical records
  - Surveyor needs the entire medical record (electronic and paper documents)
- Referral log or evidence of referrals not admitted

# QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

- Quality Assessment and Performance Improvement (QAPI) Program
  - Individual designated as responsible for the program
  - Evidence that organizational leaders and personnel are involved in the program
- Evidence for the tracking of:
  - Complaints and grievances
  - Satisfaction surveys
  - Patient incidents/variances
  - Chart audits
- Ongoing and/or current QAPI projects
- Annual evaluation of QAPI Program

# RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

- 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



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## Post-Survey Process



# POST-SURVEY PROCESS

- Data collectors versus scorekeepers
- Submission of data to office
- ACHC Accreditation Review Committee examines all the data
- Summary of Findings is sent within 10 business days from the last day of survey

# SAMPLE SUMMARY OF FINDINGS

Summary of Findings Report for Survey on 12/10/2020  
Services: CBPC



Deficiency Category - Patient/Client Records		Defi-
Standard	Comments	cient
<b>CBPC5-3B</b> All patients have an initial assessment. The initial assessment is conducted on the initial home or clinic visit and preferably within 72 hours of referral, unless the physician specifies a specific time to conduct the initial assessment. (Guideline(s) 1.2.4, 2)	<p>Upon patient record review, 2 of 5 (Patient #3 and #5) did not have evidence that the initial assessment was completed within 72 hours of referral. Patient #3 referral made on 11/13/20 and initial assessment completed on 12/4/20.</p> <p>Patient #5 referral made on 9/28/20 and initial assessment completed on 10/19/20.</p> <p>Corrective Action: The agency will need to ensure there is evidence in the patient record of documentation of an initial assessment that was conducted on the initial home or clinic visit and within 72 hours of referral, unless the physician specifies a specific time to conduct the initial assessment. A registered nurse (RN), physician, nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA), conducts the initial assessment to determine the immediate care/service and support needs of the patient.</p>	X

# 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 REQUIREMENTS

- Due in 30 calendar days to ACHC
- Deficiencies are auto-filled
- Plan of Correction
  - Action step
- Date of compliance of the action step
- Title of individual responsible
- Process to prevent recurrence
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance



# PLAN OF CORRECTION



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## PLAN OF CORRECTION (POC)

Organization: <<Organization Name>>	Company ID: <<CompanyID>>	Application ID: <<ApplicationID>>
Address: <<Address>>		
Services Reviewed: <<Services Reviewed>>	Date of Survey <<Survey Date>>	Surveyor: <<Surveyor>>




**INSTRUCTIONS:**

- The standards to be addressed are already listed in the first column; the rest should be filled out accordingly. Please see the sample below.
- For Home Health and Hospice, date of compliance for Condition of Participation (CoP) standard-level and ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF) and date of compliance for condition-level deficiencies must be within 10 calendar days from receipt of the SOF.
- For Private Duty, date of compliance for ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF).
- For corrective action measures that require chart audits, please be sure to include the percentage of charts to be audited, frequency of the audit, and target threshold. Ten records or 10% of daily census (whichever is greater) on **at least a monthly basis** is required until threshold is met. Include actions for continued compliance once threshold is met.
- Do not send any Protected Health Information (PHI) or other confidential information with the POC or when submitting evidence to your Account Advisor.
- If you need any assistance, contact your Account Advisor.

**SAMPLE:** Below is a sample on how to correctly fill out your POC.

ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR

Standard	Plan of Correction <small>(Specific action taken to bring standard into compliance)</small>	Date of Compliance <small>(Date correction to be completed)</small>	Title <small>(Individual responsible for correction)</small>	Process to Prevent Recurrence <small>(Describe monitoring of corrective actions to ensure they effectively prevent recurrence)</small>	POC Compliant <small>(ACHC internal use only)</small>	Evidence Required <small>(ACHC internal use only)</small>	Evidence Approved <small>(ACHC internal use only)</small>	Comments <small>(ACHC internal use only)</small>
HH5-12A (484.30 (a), G177)	Staff will be in-serviced on requirements for documentation of patient response to care, treatment, and education provided.	18-Jan-15	Branch Director	Audit 10% of visit notes weekly for at least 5 weeks, assessing presence of documentation of patient response to care, treatment, and teaching provided. Target threshold is 95%. Once threshold is met, will continue to audit 10% of visit notes quarterly.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			
HH4-2C.01	Direct care staff will be in-serviced on requirements of the initial TB screening and annual verification that they are free of symptoms.	23-Jan-15	Administrator	100% of direct-care staff personnel records will be audited for evidence of a negative chest x-ray or negative PPD on hire and negative PPD in the previous 12 months. If no evidence, then newly hire direct care staff will have an initial PPD and another PPD in 2 to 3 weeks. Threshold is 100% compliance. Once threshold is met, 50% of direct care staff personnel records will be audited bi-annually.				

 HOME HEALTH
 HOSPICE
 PRIVATE DUTY

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[482] POC Template Revised: 03/01/2017



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Educational Resources





# EDUCATIONAL RESOURCES

- ACHC has created numerous resources to assist you with your ACHC survey
- To view these resources, log in to Customer Central at [cc.achc.org](https://cc.achc.org) and ACHCU.com
- Your best resource is your personal Account Advisor

# EDUCATIONAL RESOURCES

- Accreditation University resources
  - Workbooks and workshops
- Online resources
  - The Surveyor newsletter
  - Regulatory updates
- Maintaining compliance checklists
- Email updates
  - “Did You Know?”
  - ACHC Today monthly e-newsletter

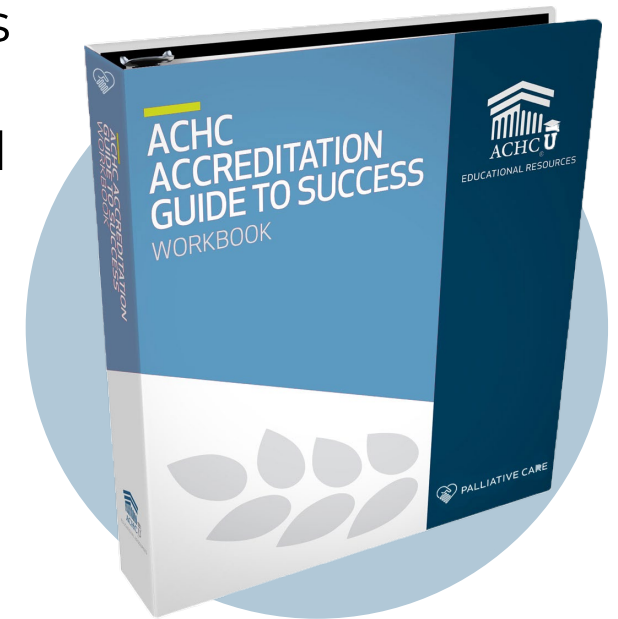
# CUSTOMER CENTRAL

- Customer Central is available 24/7 with resources and educational materials designed for your company



The screenshot displays the ACHC Customer Central website interface. At the top, there are input fields for 'USERNAME' and 'PASSWORD', along with a 'LOG IN' button and a link for 'Forgot username or password?'. The main header features the ACHC logo and the text 'CUSTOMER CENTRAL'. Below this, a navigation menu includes 'Becoming accredited with ACHC' with three options: 'Download Standards' (with a download icon), 'Complete Application' (with a checkmark icon), and 'On-Site Survey' (with a refresh icon). A video tutorial section is titled 'Watch a video tutorial of the new Customer Central'. Below that, there are links for 'Watch Install Video »' and 'Get Desktop App for Windows »'. At the bottom left, there is a section for 'EDUCATIONAL RESOURCES' with the Accreditation University logo. The main content area on the right is titled 'Customer Central is your personalized website to complete the accreditation process, from start to finish!' and includes a prompt: 'Please provide the information requested below to create your account and download ACHC standards'. The registration form contains the following fields: 'FIRST NAME', 'LAST NAME', 'PHONE', 'EMAIL', 'COMPANY NAME', 'DBA NAME', 'ADDRESS', 'CITY', 'STATE' (dropdown), 'ZIP', 'ACCREDITATION PROGRAM' (dropdown), 'NUMBER OF LOCATIONS', 'SELECT A USERNAME', 'ENTER PASSWORD', and 'CONFIRM PASSWORD'. At the bottom of the form, there are two dropdown menus: 'Accreditation completed by:' and 'Which of the following best describes you?'. Below these are two more dropdown menus: 'How did you hear about ACHC?' and 'Are you hospital-affiliated?' with 'YES' and 'NO' radio buttons. A 'SUBMIT' button is located at the bottom right of the form.

# 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



# SURVEY PREPARATION TOOLS



### ITEMS NEEDED FOR SURVEY

Below are items that will need to be reviewed by the Surveyor during your Palliative Care Accreditation survey from Accreditation Commission for Health Care (ACHC). Please have these items available prior to your Surveyor's arrival to expedite the process. If you are unable to provide any of these items, please contact your Surveyor for more information.

- Current patient census, complete with start-of-care dates for patients currently receiving palliative care
- Current schedule of patient visits
- Discharge/transfer patient census for the past 12 months
- Personnel list with titles, disciplines, and hire dates
- Admission packet or education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plan of Correction based on identified deficiencies



Annual requirements are not applicable to organizations that are not currently providing care.

ACHC Standard	Required Item
CBPC1-1A	Marketing and instructional materials and the community.
CBPC1-2A	Grievance/complaint log and support
CBPC1-4A	Information provided to patients on ho
CBPC1-5A	Signed confidentiality statement for al
CBPC1-5B	Business Associate Agreements (BA/
CBPC1-5B	Advance Directive information provid
CBPC1-7A	Information provided to patients regar
CBPC1-8A	Evidence of communication assistanc
CBPC1-8B	Evidence of spiritual care assistance r
CBPC1-9A	Evidence of how ethical issues are id
CBPC2-1A	Bereavement program materials
CBPC2-3A & CBPC2-4A	On-call schedule for administrative an
CBPC2-4B	Most recent annual operating budget
CBPC2-5A	List of patient care charges

### OBSERVATION AUDIT TOOL

- Program has appropriate Articles of Incorporation or other documents of legal authority.
- Program has access to copies of federal, state, and local laws and regulations.
- Evidence that care is provided in a setting preferred by the patient and family, or alternative arrangements made.
- Evidence of an interdisciplinary approach involving nursing, medicine, social work, and spiritual care.
- Contracts and Business Associate Agreements (BAAs) are current and reviewed as identified in the contract.
- Copies of Professional Liability Insurance Certificates
- Evidence of verification of referring practitioner's credentials.
- Marketing materials reflect the services provided by the program.
- Evidence that personnel protect and promote the exercise of patient rights.
- Medical records and other Protected Health Information (PHI) and Electronic Protected Health Information (EPHI) are secure.
- Evidence that personnel communicate with the patient in the appropriate language or format understandable to the patient.
- Evidence that personnel provide culturally sensitive care.
- Evidence that ethical concerns are referred to ethics consultants or the program's ethics committee.
- Program coordinates care and collaborates with community resources to ensure continuity of care.
- Evidence that bereavement counseling and clinical pharmacy consultation is available to the patient and family.
- Evidence of on-call schedule verifies that the PCT is accessible 24 hours a day, 7 days a week by phone or telehealth.

### Potential Program Staff Interview Questions

### POTENTIAL STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	Standard	Managers/Leaders	MD/PAINP/ARPN	Nurses	Social Worker	Spiritual Care	Bereavement	QAPI Coordinator
Can you describe the care settings where palliative care is provided?	CBPC1-3A							
Can you describe the program's policies and procedures on conflict of interest and how it affects you?	CBPC1-4A							
Can you describe your duties and accountabilities?	CBPC1-5A, B							
Describe the primary services offered in the palliative care program?	CBPC1-6A							
What other professionals/services could be offered under the palliative care program in order to meet patient's needs?	CBPC1-6B							
What negative outcomes must you report to ACHC? Have you had any negative outcomes?	CBPC1-7A							
How do you provide information to patients and families regarding palliative care services?	CBPC2-1A							
List three to four patient rights.	CBPC2-2A							
To whom would you report any alleged violation involving mistreatment, neglect, or abuse to a patient and in what time frames?	CBPC2-3A							
To whom would you report verified violations to and in what time frame?	CBPC2-3A							
Describe the process for handling a patient grievance/complaint.	CBPC2-4A							

# ACHC MARKETING RESOURCES

- After accreditation, promote your dedication to quality patient care
- ACHC's Marketing Department has created a sample press release template
- Contact [ainfo@achc.org](mailto:ainfo@achc.org) or (855) 937-2242

# SAMPLE PRESS RELEASE

Your logo here

**FOR IMMEDIATE RELEASE**

October 13, 2017  
**Media Contact:**  
 Contact Name  
 Organization Name  
 Contact Email  
 Website

**YOUR ORGANIZATION NAME  
 ACHIEVES ACCREDITATION WITH ACHC**

**CITY, STATE,** Your organization name proudly announces it has achieved accreditation through Accreditation Commission for Health Care (ACHC) for the services of list services.

Accreditation is a process through which healthcare organizations demonstrate compliance with national standards. Accreditation by ACHC reflects an organization's dedication and commitment to meeting standards that facilitate a higher level of performance and patient care.

ACHC is a nonprofit organization that has stood as a symbol of quality and excellence since 1986. ACHC is ISO 9001:2015 certified and has CMS deeming authority for Home Health, Hospice and DMEPOS.

Write a brief paragraph about your company, communities you serve, why you're unique, etc. A quote about the accreditation process or what this accreditation means to your organization is a great way to personalize the press release.

For more information, please visit your website, or contact us at email address or (XXX) XXX-XXXX.

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# Thank you

Accreditation Commission for Health Care  
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(855) 937-2242 | [achc.org](https://www.achc.org)

