

# Connection

SUMMER 1997

*Scorable standards?*

## Task force launches improvement plan for conformance ratings

**H**ow is my organization doing? Is it better or worse than most?" These are questions many administrators ask the CARF Survey Team. Soon CARF will introduce a new tool, the Standards Conformance Rating System, or SCoRS<sup>SM</sup>, to provide the means for a more precise answer.

Fifteen leaders in the rehabilitation field recently joined key CARF staff members in a two-day task force to develop and refine SCoRS<sup>SM</sup>. The participants, from across the United States and Canada, represented disciplines in CARF's three divisions: Behavioral Health, Employment and Community Support Services, and Medical Rehabilitation.

Currently, accreditation surveys measure organizations' conformance to standards on a yes-no basis. Organizations' Survey Reports indicate when standards are not met—with recommendations. The future rating system will

allow surveyors to assess how closely organizations are in conformance to individual standards on a scale of 0 to 3.

### *SCoRS<sup>SM</sup> promises greater clarity*

"SCoRS<sup>SM</sup> is driven by CARF's desire to continually improve the quality and value of accreditation," said Donald E. Galvin, Ph.D., President and CEO of CARF. "We're confident the future rating system will introduce greater clarity into the survey process and enhance consistency among surveyors in measuring organizations' conformance to standards."

Task force members agreed that SCoRS<sup>SM</sup> must retain CARF's hallmark for a consultative and non-prescriptive approach to the survey process. Information from SCoRS<sup>SM</sup> will help CARF to pinpoint areas in which standards could be improved or where additional education may benefit the rehabilitation field.

### *SCoRS<sup>SM</sup> will add value, not cost*

SCoRS<sup>SM</sup> will not affect the number of surveyors or the survey time needed to complete surveys. Thus, organizations will not face any increased cost when the rating system is implemented—yet they stand to reap increased value from SCoRS<sup>SM</sup> through a more descriptive gauge of their conformance to CARF standards.

"SCoRS<sup>SM</sup> will help organizations to improve and reach a level of excellence," said Deborah Wilkerson, CARF's Director of Research and Quality Improvement, who chaired the task force and is overseeing the development of SCoRS<sup>SM</sup>. "It will improve the ability of organizations to promote their strengths as well as make improvements where needed."

*See SCoRS<sup>SM</sup> continued on page 13*

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Quality ranked high on the slate of issues for speakers and participants at CARF's international conferences. The two five-day conferences drew rehabilitation professionals and consumers to Tucson from the United States, Canada, and Sweden.

## *Quality should include customer satisfaction*

"Satisfaction came late to the field of quality measurement," Sean Sullivan, President and CEO of the National Business Coalition on Health, told 250 providers in his keynote address at the conference sponsored by CARF's Medical Rehabilitation Division in February.

"People working on the clinical side for a long time regarded customer satisfaction as an irrelevant consideration. They weren't interested in whether customers were happy with their care because they didn't see any link as to whether quality service had been delivered."

Health-care purchasers, such as employers, said Sullivan, helped refocus the mix of quality measurements to include consumer satisfaction in addition to clinical results. Sullivan heads an association based in Washington, D.C., that provides expertise, resources, and a voice to more than 8,000 employers across the country.

Quality figures into the equation for purchasing health care, Sullivan emphasized. "Value is the criterion that buyers and users can use." How can health-care purchasers assess the value of a service? Sullivan offered this formula: "The best possible outcomes, clinically speaking, as well

as the highest level of customer satisfaction, divided by the price of that service." Like value, Sullivan stressed, "Accountability is another crucial term we have to focus on. You are accountable if you can be held responsible for it. And you cannot be held responsible for it unless you have some control over it."

Sullivan commended the work of accreditation bodies like CARF. "It's a good symbol of the accountability that we really need," he said.

Sullivan believes that lessons learned in industry's downsizing and re-engineering during the last decade apply to health care. Providers are discovering, for example, that inefficiency costs more and produces lower quality results. Sullivan suggested that three questions need to be asked before delivering health care:

- Does it need to be done in the first place?
- What is the most appropriate way of doing it?
- What is the most efficient way?

Sullivan urged pursuing links between health care and employees' productivity. "Outcomes need to go beyond present definitions to include measures of work performance. Health care should improve or at least maintain productivity," he asserted. "The ultimate value may lie in productivity."

## *Quality should reflect value*

Charles Ray, CEO of the National Council for Community Behavioral Healthcare, echoed Sullivan's message about quality, value, and outcomes at the international conference sponsored by the Behavioral Health and Employment and Community Support Services divisions of CARF in March.

"We've got to put aside the outworn use of

*Quality figures into the equation for purchasing health care.*

the word quality,” Ray advised 500 rehabilitation professionals and consumers in his keynote address. Instead, he said, “We’ve got to talk value. And that is quality divided by cost. The quality has to be demonstrable. We’ve got to move beyond quality assurance to look at the issues of value and benefit, not simply the old-fashioned definition of quality.”

Ray heads a national association based in Rockville, Maryland, that is dedicated to providing Americans with accessible, effective, and cost-efficient behavioral health-care services.

“Right now we’re missing big time on outcomes,” Ray said. “In the absence of outcomes, all cats are the same color in a dark room. You can talk about the great things you do for nice people and, guess what, everyone else does too.” Outcomes and value will be key to carving a role for the providers in the intermediate and long-term care fields, Ray believes. “All health-care systems are driven by finance. We have to demonstrate to the payer and consumer that what we do has worth and impact.”

Ray stated that providers who deliver intermediate and long-term care must come to terms with trends in health-care financing and delivery. “Whether it is a lack of wallet or political will, the need for acute, intermediate, and long-term care are outstripping our ability to resource them. In the face of scarce resources, rationing of care will take place.”

“When it comes to rationing of care,” Ray continued, “I want there to be a rational basis to our argument as to why people with chronic and persistent vulnerabilities need to be included in that lifeboat of resources.” Saying that education, housing, vocational rehabilitation, and social services are essential in intermediate and long-term care, Ray said providers “have not made the case that we are clinically necessary, or that these are essential parts of disease management.” That, Ray explained, is because “we don’t have key performance indicators.” (See related article on page 13.)

Acute-care funding has been applied to rehabilitation care, Ray said. “We’re not paid for outcomes now. We’re paid for procedures, codes, or episodes. All of our clinical delivery systems are based on industrial manufacturing

techniques.” The future will be different, Ray predicted. “We’re going to be paid flat rates per case.”

Still, Ray foresees a bright future for rehabilitation providers by the year 2020 because health care is delivered locally and providers have successfully adapted to change before. “Creativity and innovation have to be the linchpins we move in. We *do* make a difference,” he concluded.

Next year’s international conferences in Tucson will be expanded to three conferences to comfortably accommodate the large number of participants: February 14–18 for the Medical Rehabilitation Division, March 4–8 for the Behavioral Health Division, and March 25–29 for the Employment and Community Support Services Division. Watch future issues of this newsletter for updates.

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## Connection

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# When the ink's not dry yet

**I**t comes in types, and it often flows freely close to the time of a survey. What is it? It's wet ink. When your organization writes a last-minute policy or procedure to be in conformance to the standards or meet Accreditation Criteria just before or during a CARF site survey, it is known as wet ink.

The type of wet ink determines whether or not the Survey Team will render a recommendation for practices that have been penned in wet ink or place a 60-Day Hold on the accreditation outcome.

One type of wet ink involves a policy, procedure, or process that has been in practice at an organization but has not been set down in writing. In this scenario, the Survey Team has a sense of confidence through interviews with staff members and the persons served that the practice is understood and truly in place. In this situation, the Survey Team may feel comfortable accepting documentation that is completed just before or during the survey without making a recommendation.

The second type of wet ink may involve a situation in which an organization prepares a policy, but:

- the practice has not truly been implemented, or
- conflicting information is communicated during interviews with staff members or the persons served, or
- the organization scurries to put something in writing that has not been addressed prior to the survey.

The second type of wet ink poses more of a concern than the first type in respect to conformance to the standards and the operations of the program. The Survey Team will likely make appropriate recommendations or place the accreditation outcome on a 60-Day Hold for the second type of wet ink.

Keep in mind, however, that the entire survey process is a balance among the Survey Team's review of your organization's documentation; interviews with personnel, the persons served, and other stakeholders; and

observations of your program. If you have concerns or questions about wet ink flowing at your organization, please call CARF.

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## What to do if you must cancel a survey

**C**ARF strives to accommodate the survey time frame that an organization requests in its Application for Accreditation Survey. CARF notifies the organization in writing about the dates of a survey generally 30 to 60 days before the survey.

Sometimes an organization must cancel a scheduled CARF survey. This happens rarely, but if an unexpected and major change in the organization occurs, it may choose to postpone the survey.

An organization should contact the CARF office as soon as possible if it must cancel or change its survey dates. If the survey dates already have been scheduled and the Survey Team assigned, CARF charges a \$700 Cancellation Fee.

Why \$700? By the time CARF has scheduled a survey, significant staff time and effort has been spent. The surveyors' expertise has been matched to the programs and services of the organization. People might imagine that surveyors are lined up at CARF waiting for their next survey assignment—like cars on a freeway on-ramp. The truth is that surveyors are administrators, physicians, therapists, nurses, social workers, psychologists, and other peers in your field that hold full-time careers outside of CARF. CARF must contact them for their availability to survey on given dates. Once the Survey Team is identified and schedules are coordinated, CARF must make arrangements for the surveyors' transportation and lodging. The tickets are often non-refundable.

If you have questions about canceling or delaying a survey, please discuss the details and options with a CARF Director of Operations.

# The whole truth— and nothing but the truth

**T**ruth in advertising. It's something you believe in. It's something CARF believes in.

That's why CARF has set up a policy that organizations must follow when they advertise or mention their CARF accreditation. The full policy is included with a news release example in the accreditation packet that CARF sends to your organization.

Simply put, CARF awards accreditation to your organization's specific programs and services; CARF does not accredit your organization. Thus, if your organization identifies CARF accreditation, it must also identify the specific programs or services for which it has received accreditation.

## *Acceptable phrases*

Here are a few examples of acceptable phrases:

- CARF has accredited the following Medical Rehabilitation programs at XYZ Organization: Spinal Cord Rehabilitation System of Care; Brain Injury Community-Integrative Programs.
- The Partial Hospitalization Program in Mental Health at XYZ Organization has been accredited by CARF.
- CARF has accredited XYZ Organization's Community Employment Services.
- The Comprehensive Vocational Evaluation Services at XYZ Organization have been accredited by CARF.
- Selected programs at XYZ Organization have been accredited by CARF.
- CARF has accredited five of the XYZ Organization's programs.
- Some programs accredited by (CARF logo).

## *Unacceptable phrases*

It is *not* acceptable to write or say any of the following:

- XYZ Organization is CARF accredited.

- Programs accredited by CARF (unless all of the programs and services offered are CARF accredited).
- Individual programs accredited by CARF.
- Accredited with commendation by (CARF logo).

Your organization may refer to the accredited program or service by either the terminology used by CARF or the terminology used by your organization. If you have a question regarding whether an advertisement you are preparing is acceptable, or need a camera-ready CARF logo to identify your CARF-accredited programs or services, please contact CARF.

## VA contracts with CARF for accreditation surveys

**T**he U.S. Department of Veterans Affairs has authorized CARF to apply its accreditation standards to the VA's rehabilitation programs. The VA's agreement with CARF, effective last January, sets in motion a five-year plan to achieve accreditation of nearly 300 VA rehabilitation programs through the year 2001.

CARF has already started conducting accreditation surveys of the VA medical rehabilitation programs earlier this year and began surveying programs in the VA's employment centers and behavioral health treatment programs this summer. CARF surveyors will apply the same standards to VA rehabilitation programs as are applied to programs in other organizations.

According to a recent VA report, 1,750,000 veterans have service-connected disabilities. The agreement between the VA, a major service delivery organization, and CARF, the leading accreditation body for rehabilitation programs, signals a major impact on quality improvement in the field.

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# Designing an outcomes management system

*Editor's note: The following article is based on a passage from a new 70-page monograph, Outcomes Management in Behavioral Health, produced by CARF. For information about ordering the publication, see page 14.*

The essence of the Behavioral Health standards for outcomes measurement can be summarized in the following statement.

Organizations are to:

- develop measurable program objectives;
- collect outcomes data in the areas of effectiveness, efficiency, and satisfaction;
- collect the outcomes data before, during, and after treatment for all persons or for a representative sample of those persons the program intends to treat; and
- use the results for program improvement.

Before designing an outcomes management system, an organization should clearly understand its motivation for initiating such a

system. If the desire is not to improve the quality of services, but only to meet the accreditation standards, state or provincial licensure regulations, or the requirements of funders, it is unlikely that the information collected will be used for the purpose of program improvement. If the purpose of measuring outcomes is to increase competitiveness, enhance treatment performance, and enrich clinical practice, the

results will more likely be used for program improvement.

An organization should be honest with itself concerning its motivation for developing an outcomes management system. Often an organization begins collecting outcomes data without a clear understanding of what it is, whom it serves, what it hopes to accomplish, and how it is going to use outcomes information.

While the potential benefits of having an outcomes management system are great, the development, implementation, and continual modification of a system requires allocation of an organization's assets. An organization should make informed decisions about the resources needed to implement an outcomes management system. Real costs, such as the costs of postage for mailings, telephone calls, printing questionnaires, and so on, should be considered in the design phase. In addition, the organization should be aware that its decisions concerning the methods of obtaining information will have a significant impact on personnel requirements.

Some of the questions it should ask are:

- How will information be obtained? From questionnaires, interviews, focus groups, existing documentation, or other sources?
- Who will obtain the information? Clinical staff members, administrative staff members, or others?
- Who will put the information together, then evaluate and interpret the results?
- Who will be responsible for distributing the results, and how will distribution be completed?
- Who is responsible for implementation and modification of the outcomes management plan?

The process of designing an outcomes management system requires that an organization pay close attention to a variety of considerations.

*An organization should clearly understand its motivation for initiating an outcomes management system.*

# Quality improvement: The 'real outcome' of CARF accreditation

*Editor's note: The following article was extracted from a presentation given by Dale Dutton, National Director.*

As we face managed care concepts and states' devolution proposals, we see an increased emphasis on the Quality Improvement Plan. These QIPs take root in the needs and satisfaction of stakeholders, and they come alive using the results of outcomes measurement to improve the quality of the services.

Quality improvement is the "real outcome" of CARF accreditation. Today's accreditation product from the Employment and Community Support Services Division of CARF is a close-up look at the organization and the results of the services it delivers. In the fast-changing ECSS field, CARF standards remain in the vanguard of changes in the way services are delivered. In fact, no single ECSS standard or section of standards has been left untouched from 1994!

The value of accreditation has to be much more than a certificate on the wall. Organizations seeking accreditation from CARF must demonstrate a clear focus on their customers, their customers' expectations, the results of services provided in terms of the achievement of desired goals, and customer satisfaction.

The impact of managed care concepts and state devolution proposals may require some rethinking about the level of services on the part of management or governance. It may require some new organizational and service delivery techniques and tools of the trade. It may require some new plans and actions for improving services in terms of their efficiency, effectiveness, and satisfaction by all the stakeholders.

Fortunately, all these new ways of doing business are found in the ECSS 1997 accreditation standards.

As a first step, the organization seeking accreditation makes a commitment to enhancing the lives of the persons served—as defined by the person served. Organizational policies, or public value statements, are developed or revised to reflect this commitment.

Next, the organization examines its structure and mission in light of current environmental factors. To do this, stakeholders are identified, their needs identified and prioritized, and changes in service delivery

are implemented when appropriate.

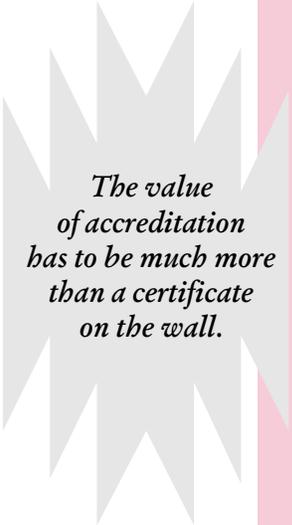
The organization sets up an outcomes measurement system to observe changes in the lives of the persons served, the organization, or the community as a result of services provided. The results from these observations drive changes to individuals' service plans and services, as well as the organization's daily operations and future plans.

The role of the CARF site survey visit is to provide an impartial, external review by a team of professional peers. This review is made using accepted standards and accessing the organization's policies or value statements. In other words, is the organization walking its walk and not just talking its talk? Conformance to the standards is demonstrated through team observations; interviews with consumers, families, staff, and other stakeholders; answers to questions about important points in the standards; and a review of appropriate documentation.

The Survey Report from these observations contains commendations to reinforce the organization and staff for their best practices. It contains suggestions for improving services based on the experiences of the Survey Team and questions from the organization. It also contains recommendations for improvement in areas that the Survey Team identified to be in need.

Equipped with this information, the organization prepares a Quality Improvement Plan to address these recommendations during the term of the accreditation award. Using its outcome measurement system, the organization continues to refine and improve its services, operations, evaluation, methods, organization, and policies.

Throughout the term of accreditation, training and publications are available from CARF to help the organization implement its own QIP and continue improving its customer-focused services.



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# oodwill Industries in Tennessee

*Editor's note: CARF enjoys sharing this unusual and creative success story about an organization with CARF-accredited programs. If your organization has an unusual story, please tell us about it.*

**M**ost people would think that chewing through organic waste is a chore that's best left to trash compactors and garbage disposals. But to a red worm, a diet of decayed fruit and vegetables, old newspapers, and cow manure is a hedonistic pleasure. Not only do the worms chew up and digest organic waste, their castings are proving to be one of nature's finest plant foods.

Chattanooga Goodwill Industries has capitalized on red worms' feeding habits to meet an increasing public demand for recycling products and natural fertilizers. Putting worms to work chewing waste products has also meant putting five to eight persons to work in Goodwill's vocational training program in a field known as vermicomposting.

"Goodwill has been committed to recycling used goods and human lives since its inception in 1923," said Dennis Brice, President and CEO of the Chattanooga operation. "At the close of this century, and into the next, we're looking to expand our mission to include environmental recycling."

Red worms daily consume their weight in organic materials, which might otherwise be discarded in landfills, and their burrowing improves soil texture and drainage for plants. Each day, the worms' ravenous eating produces up to their weight in castings that are rich in nitrogen, phosphorous, and potassium.

## **Goodworms program hits pay dirt**

The Goodworms program, as it is called, provides several marketing opportunities for Goodwill:

- Worm castings are harvested from Goodwill's two large worm beds and sold in volume to gardeners across the country.

- Red worms are sold by the pound to ecologically concerned gardeners and to schools for educational projects about recycling.
- Plastic "breathable" bags for transporting the worms and castings are manufactured on site.
- Goodwill also sells worm composting bins and worm farms. Instructions for building a wooden composting bin are free.
- Educational materials, including a video, books, and classroom materials, teach the value of recycling food wastes.

After successfully piloting the program, Goodwill handed the operation of the Goodworms program to a local residential program.

## **Spectrum of services ensures Goodwill won't be left in the dust**

Last year, Chattanooga Goodwill Industries served more than 650 people with learning, developmental, or physical disabilities, as well as people with mental illness or with alcohol and other drug problems. The organization projects serving more than 1,000 persons in 1997. This summer, Chattanooga Goodwill opened a rehabilitation center that houses its many programs and services.

"We're especially proud of our Work Keys program," Brice said. Begun last year, Work Keys matches specific job needs in the community to people with disabilities who desire employment. "Goodwill provides employers with the tools for smart hiring and also offers a qualified candidate pool of future employees."

First, a certified Work Keys profiler uses a numerical scale to rate the skill levels needed for a particular job. The employer is not

*Goodwill has been committed to recycling used goods and human lives since its inception in 1923.*

# ee casts its fate to the worm

charged for this service, and accuracy is assured because the profiler works with employees already in the position to help define the skill levels necessary for the job. Then, a profiler measures Work Keys participants for their skills, using the same numerical scale. Some of the skills measured include reading for information, locating information, applied mathematics, applied technology, observation, listening, teamwork, and writing. A comparison of the job and client profiles shows when a Work Keys participant is qualified for the position.

“Work Keys helps businesses meet Equal

*The Goodworms program provides several marketing opportunities for Goodwill.*

Employment Opportunity Commission and Americans with Disabilities Act requirements while providing long-term employment for qualified people with disabilities,” Brice added.

Last autumn, Chattanooga Goodwill Industries earned another Three-Year Accreditation from CARF for Employment Services in three areas: Comprehensive Vocational Evaluation Services, Employee Development Services, and Community Employment Services.

*Dennis Williams, an eleven-year veteran of Goodwill Industries, spends 30 hours each week caring for the red worms that are housed in two 50-foot raised beds.*

# Father knows—and mother knows—best

**W**ho knows best if the needs of a child or adolescent are being served?

The parents and family, of course. That was the reasoning behind creating a role for Parent Liaisons in the CARF survey process. In this program, a parent of a child or adolescent who had been served by a CARF-accredited designated pediatric rehabilitation program becomes involved in surveys of other Pediatric Family-Centered Rehabilitation Programs.

## *Parents' unique perspectives add value*

The purposes of involving parents as liaisons for Pediatric Family-Centered Rehabilitation Programs are:

- to provide an opportunity for parent-to-parent communication, and
- to ask for the parent's point of view about the organization's integration of the parent and the child or adolescent into the rehabilitation program.

During the site survey, a Survey Team member interviews at least one person served, typically a child or adolescent, for each pediatric program seeking accreditation. The added opportunity for a parent to be interviewed by another parent—who also has had a child or adolescent in a rehabilitation program—will provide unique information and perspective that the Surveyor Team might not obtain from

the interviews it conducts. This additional feedback to the survey process will enhance the value of CARF accreditation, especially for the parents of the children and adolescents served.

## *Parent Liaisons ask questions by telephone*

A Parent Liaison serves as an information gatherer for the Survey Team by conducting telephone interviews with parents or family members of children or adolescents being served in the programs seeking accreditation.

The Parent Liaison does not participate in either the on-site survey or the final accreditation decision making. However, the Survey Team carefully considers the Parent Liaison's findings throughout the survey process.

## *Parent Liaison nominations are sought*

CARF requests nominations for Parent Liaisons from organizations that currently have CARF-accredited designated pediatric programs. After successfully completing the application process, Parent Liaisons will receive training and education about CARF standards and CARF's expectations for their participation in the survey process. Parent Liaisons will not be required to travel.

If you have nominations for or questions about Parent Liaisons, please call Kathy Lauerman at CARF or send her an e-mail message ([klauerman@carf.org](mailto:klauerman@carf.org)).

*The Survey Team carefully considers the Parent Liaison's findings throughout the survey process.*

*Additional feedback to the survey process will enhance the value of CARF accreditation, especially for the parents of the children and adolescents served.*

# 1997 standards broaden programs and refine Canadian applications

CARF's Medical Rehabilitation Division will apply new standards for organizations seeking accreditation for their medical rehabilitation programs beginning July 1 of this year. The standards were published in the *1997 Standards Manual and Interpretive Guidelines for Medical Rehabilitation*.

## **New areas instituted for accreditation**

The standards establish two new areas for CARF accreditation—Pediatric Family-Centered Rehabilitation Programs and Health Enhancement Programs. And, for the first time, the standards distinguish differences in all program areas between the delivery of care in the United States and in Canada's rehabilitation systems.

Organizations that seek accreditation for their Pediatric Family-Centered Rehabilitation Programs must use an approach to rehabilitation that acknowledges the family as central to the child or adolescent's life. The programs provide care that enhances the life of the child or adolescent within the family, school, and community.

Health Enhancement Programs seeking CARF accreditation must be designed to prevent health risks and to increase function, performance, productivity, and the quality of life of the persons served. Organizations seeking accreditation for Health Enhancement Programs must also demonstrate that they are proactive, comprehensive, and outcomes-focused. Types of programs range from exercise and nutrition to lifestyle management.

## **Canadian and U.S. standards identified**

Recognizing that health-care delivery systems in Canada differ from those in the United States, the *1997 Standards Manual and Interpretive Guidelines for Medical Rehabilitation* includes specific standards and criteria that apply to Canadian programs.

"CARF applies the same high standards for accredi-

tation in medical rehabilitation to Canadian programs as it applies to programs in the United States," Chris MacDonell, National Director for CARF's Medical Rehabilitation Division, said. "The focus on positive outcomes resulting from quality service remains the same for both countries. Yet the Canadian standards are tailored to suit the needs and laws of Canada. For example, while U.S. organizations must comply with the Americans with Disabilities Act and all applicable state and federal laws, Canadian organizations must comply with the Canadian Constitution, the Charter of Rights and Freedoms, and provincial employment acts."

## **NACs and field reviews propose revisions for 1998**

Each year, CARF convenes National Advisory Committees, which include individuals with well known expertise, to review sections of the *Standards Manual* and propose new standards. The committees' recommendations are widely distributed for comment throughout the rehabilitation field to the persons served, family members, providers, surveyors, funding and referral agencies, advocacy groups, and national organizations. CARF carefully evaluates feedback from the field before submitting the proposed standards to the CARF Board of Trustees for adoption.

NACs met in January this year to review the Medical Rehabilitation standards in Sections 1, 2, and 3 of the *Standards Manual* in addition to Comprehensive Inpatient Categories One, Two, and Three. The proposed revisions have been reviewed by the field and will be presented to the CARF Board of Trustees in August for approval. The adopted revisions will then be published next January in the *1998 Standards Manual for Medical Rehabilitation* and become effective on July 1, 1998.

Please contact the CARF office if you have questions about CARF's standards or wish to order a copy of the *1997 Standards Manual*.

# Scouting for Surveyors

The CARF surveyor cadre now numbers more than 1,000 rehabilitation professionals. Although their backgrounds and skills are quite diverse, the surveyors share a fundamental commitment

to quality service delivery. In addition to gathering information about an organization's programs and services, surveyors must fairly apply the CARF standards and offer consultation about improving the quality of services.

Surveyors say the professional rewards of serving as a CARF surveyor far exceed the travel opportunities to visit sometimes exotic or unusual destinations and the nominal pay they receive. They say they benefit by seeing first-

hand how other organizations have built successful programs and by forming an *esprit de corps* with their colleagues.

Are you interested in contributing your skills to the CARF surveyor cadre? You should first:

- Have three or more years of recent work experience in the program areas in which you would like to survey.
- Be currently employed in an organization with CARF-accredited programs or have a commitment that the organization will pursue accreditation, if eligible, within one year of your training to become a surveyor.
- Commit to conduct at least two surveys within the first six months after training.
- Participate in a minimum of three surveys every *Standards Manual* year (July through June).
- Attend at least one CARF continuing education session every three years.

The next step is to call CARF's Education and Training Division to determine if your

field of expertise matches CARF's needs. If it does, CARF will send you an application packet and details about the selection process. CARF is currently recruiting new surveyors in these fields of expertise:

## *Behavioral Health Division*

- Employee Assistance Programs
- Prevention Programs
- Criminal Justice Programs
- Addiction Pharmacotherapy Programs
- Mental health therapists and counselors whose expertise falls in integrated Mental Health Programs and Alcohol and Other Drug Programs

## *Employment and Community Support Services Division*

- Assistive Technology Services
- Older Adult Services
- Transition from School Services

## *Medical Rehabilitation Division*

- Physicians whose expertise falls in two or more program areas
- Pediatric Family-Centered Rehabilitation Programs
- Health Enhancement Programs
- Home- and Community-Based Rehabilitation Programs
- Outpatient Medical Rehabilitation Programs
- Occupational Rehabilitation Programs
- Comprehensive Pain Management Programs
- Small, community-based Brain Injury Community-Integrative Programs

In all divisions, surveyors are being sought who are representative of the cultural diversity of the persons served.

If you have questions about surveyor training, please call CARF's Education and Training Division.

*Surveyors see firsthand how other organizations have built successful programs.*

# CARF workshop to probe *performance* *indicators*

One indicator of your car's performance is its fuel economy. You divide the number of miles your car has traveled by the amount of gas your car has burned to travel those miles under certain traffic conditions. Your car's performance might be expressed as 25 miles per gallon in city driving.

Does your calculation—or *measure*—match the figure that the car manufacturer promised? If so, your car's fuel economy—or *performance indicator*—is achieving its desired value—or *performance level*. If, because of excellent engineering, your car far exceeds the industry standard for number of miles per gallon, your car may be achieving a desirable target—or *benchmark*.

Measure. Performance indicator. Performance level. Benchmark. How do these terms apply to an organization's delivery of quality rehabilitation services?

CARF has invited more than 100 rehabilitation professionals from across the United States and Canada to discuss this question in late July. Chaired by CARF's Director of Research and Quality Improvement, Deborah Wilkerson, participants in the two-day performance indicators workshop in Tucson will examine:

- What are the key performance indicators that providers, consumers, and payers should have information about to assess a rehabilitation program's performance?
- What measures can performance indicators use to accurately describe a program's effectiveness, efficiency, and consumer satisfaction?
- What data should providers gather to express performance indicators in uniform terms?

"We believe that identifying performance indicators will help rehabilitation programs respond to consumers and other stakeholders," said Wilkerson, who oversees developing performance indicators for CARF. "We also believe this effort can help focus managed care's attention on rehabilitation."

CARF plans to release a draft of performance indicators identified by the workshop and invite comment from the rehabilitation field later this year. Watch future issues of this newsletter for updates about the workshop's findings.

## SCoRS<sup>SM</sup> *continued from page 1*

Rather than merely knowing if they meet the standards, organizations will know *how well* they meet the standards. The four-point rating scale will identify whether organizations do not conform to standards, minimally conform but with substantial room for improvement, meet an acceptable level of conformance, or are achieving excellence.

### *The timetable will allow careful evaluation before implementation*

Full implementation of SCoRS<sup>SM</sup> will not be accomplished for another three years. Beginning July 1 of this year, a small number of surveyors will field-test SCoRS<sup>SM</sup> for its ease of use and possible flaws. The feedback to CARF from surveyors and organizations will be important to fine-tune the rating system.

Initially, SCoRS<sup>SM</sup> will only be used as a supportive tool in surveys. Analysis of the data from the first year of SCoRS<sup>SM</sup> field tests will guide decisions about how to use the SCoRS<sup>SM</sup> totals in determining the accreditation outcome.

CARF's 1998 standards are being written so that each standard reflects a single concept, making each standard suitable for SCoRS<sup>SM</sup> assessment. During the 1998 standards year, effective July 1, 1998, SCoRS<sup>SM</sup> will be in a conversion stage. It will be used in all surveys, yet not applied in the actual accreditation decision making. CARF will analyze data and adjust SCoRS<sup>SM</sup> so that the rating system will be ready for refinement during the 1999 standards year, beginning July 1, 1999.

Full implementation of SCoRS<sup>SM</sup> is expected by July 1, 2000, when the 2000 standards year begins.

*The surveyors and organizations' feedback to CARF will be important to fine-tune the rating system. Analysis of the data from the first year of field testing SCoRS<sup>SM</sup> will guide decisions about how to use the SCoRS<sup>SM</sup> totals in determining the accreditation outcome.*

*Two new publications from the CARF Employment and Community Support Services Division*

## Consumer and Family Guide to Quality Services

What are quality values? How can consumers evaluate services? This spiral-bound guide provides the answers in clear, nontechnical language for easy reading. This straightforward, easy-to-understand handbook equips consumers with the information they need to interview potential service providers. The *Consumer and Family Guide to Quality Services* contains two powerful tools to help consumers become smart shoppers and make informed choices:

- A description of the types of services available.
- A list of specific questions to ask about each service.

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## Managing Outcomes: Customer-Driven Outcomes Measurement and Management Systems

Do you question whether your outcomes system fully meets the needs of your customers and your organization? You'll find the answers you need in this guide to developing and using the customer-driven model of outcomes measurement and management systems. *Managing Outcomes* provides:

- A six-step process that covers all aspects of outcomes management—from realistic self-appraisal to objective measurement of customer satisfaction.
- Case examples for designing and using your own outcomes and management systems.
- Complete checklists to ensure that you don't overlook anything.

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*New from the CARF Behavioral Health Division*

## Outcomes Management in Behavioral Health

An up-to-date aid for administrators, quality assurance professionals, and supervisors in developing a comprehensive outcomes management system for Mental Health and Alcohol and Other Drug programs. This guide provides the steps, procedures, helpful tips, and examples to help organizations measure their effectiveness, efficiency, and satisfaction of services. *Outcomes Management in Behavioral Health* examines:

- Outcomes evaluation and practice standards.
- Design of an outcomes measurement system.
- Performance indicators and measures.
- Collection and analysis of information.
- Utilization.

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*We promise —*

# Only **2** questions!

This is the premiere issue of the *CARF Connection*. It will only be an effective communication tool if it contains information useful to you and to your organization. Will you take a minute to answer just two questions?

Is the newsletter addressed correctly? If not, please complete the following and return with your mailing label.

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What topics would you like to read about in future issues?

**2** \_\_\_\_\_

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*Thank you!*



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