

Call on a resource specialist for accreditation answers

THIS ISSUE



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You've no doubt received CARF messages that conclude with a familiar sentence, "For assistance, please contact your resource specialist at CARF." Who are the CARF resource specialists, and what do they do?

Resource specialists consult with providers that are considering accreditation for the first time or are due to be resurveyed to maintain their accreditation. Several resource specialists staff each of CARF's customer service units.

CARF selects resource specialists for their expertise in the fields CARF accredits and their communication skills in coaching providers as they prepare for a CARF survey.

Resource specialists often held management and administrative positions in accredited organizations before they joined CARF. Their experience commonly included serving as the staff member who coordinated a provider's survey preparation. In fact, many resource specialists were previous CARF surveyors. (Individuals may not continue to survey after they are employed by CARF to avoid conflicts of interest.)

Pete Hathaway was a CARF surveyor for eleven years before he accepted a position as a resource specialist in the Employment and Community Services customer service unit in 2006. His career spanned employment at several successful community rehabilitation programs in Montana.

Pete reports that the most common question he receives from providers is about how to get started in preparing for accreditation. "I ask them about their programs and explain which standards will apply and the steps to begin preparing for a CARF survey," Pete said.

Brenda Wilfing, resource specialist in CARF's Behavioral Health customer service unit, agrees. "A general inquiry about how to prepare for a survey may prompt many follow-up requests, such as assistance in completing or submitting the Intent to Survey (the application form).

"With the Intent to Survey becoming an online form, providers will have the convenience of completing a portion of it, saving their changes, and then returning at a later time to fill in missing fields," Brenda continued. "Resource specialists will still be available to provide guidance."

Brenda joined CARF in 2002 after a career coordinating a provider's survey preparation efforts.

Read an article written by CARF resource specialist, Beth Kolbe, PT, in this issue!

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The inquiries Karen Kloter, PT, M.S., receives in the Medical Rehabilitation customer service unit are balanced between providers seeking first-time accreditation and providers whose accreditation term will expire soon.

“We answer many questions relating to the accreditation process and time line,” Karen said. “We also respond to a lot of questions about interpreting specific standards.”

Karen was the quality management vice president with a CARF-accredited provider before she joined CARF in 2007.

In Washington, D.C., Susan Ganson, RN, NHA, CASP, works as a resource specialist for the Aging Services customer service unit, including continuing care retirement communities that are accredited under the CARF–CCAC process. She joined the Continuing Care Accreditation Commission (CCAC) in 1998 and continued her career when CCAC was acquired by CARF in 2003.

An executive in an organization seeking accreditation can be confident in the resource specialists’ professional, peer-to-peer consultation.

Susan says many of the questions she answers center on how the CARF survey will be conducted and how the *Survey Preparation Guide* can help providers prepare for the survey. “I am often asked to explain the standards about accessibility barriers, effectiveness and efficiency, and health and safety.

“The most important point I stress in coaching providers is that a survey is not just about paper and documents. It’s also about applying the standards for continuous performance and service improvement.”

In addition to consulting with providers, resource specialists participate in trainings, continuing education sessions, focus groups, and standards development panels. They can channel providers to network with other providers, especially for sharing information about promising practices within their fields.

Providers are encouraged to seek consultation from a resource specialist by phone or e-mail. Their consultation is free. Whether tapping into a resource specialist as a knowledge broker, information resource, or accreditation coach, an executive in an organization seeking accreditation can be confident in the resource specialists’ professional, peer-to-peer consultation.

CARF RESOURCE SPECIALISTS’ SKILLED CONSULTATION IS

- ✓ Helpful in seeking and maintaining CARF accreditation
- ✓ Tailored to your business activities
- ✓ Free

TO SPEAK WITH A RESOURCE SPECIALIST, CALL TOLL FREE

- ✓ (888) 281-6531 for Behavioral Health (including Opioid Treatment Programs), DMEPOS, Employment and Community Services, and Medical Rehabilitation
- ✓ (866) 888-1122 for Aging Services and CARF–CCAC
- ✓ (877) 434-5444 in Canada



WRITE A RESOURCE SPECIALIST

- ✓ Online using the web form at www.carf.org/contact
- ✓ By e-mail to a customer service unit:
 - Aging Services, as@carf.org
 - Behavioral Health, bb@carf.org
 - DMEPOS, dmeapos@carf.org
 - Employment and Community Services, ecs@carf.org
 - Opioid Treatment Program, otp@carf.org
 - Medical Rehabilitation, medical@carf.org
 - CARF Canada, info@carfcanada.ca
- ✓ By e-mail to a resource specialist. If you know the resource specialist's name, you may e-mail him or her by combining the initial of the first name with the full last name, followed by @carf.org. For example, mail to John Smith would be addressed as jsmith@carf.org.

Staff members in the CARF Canada offices in Edmonton, Alberta, and Ottawa, Ontario, field inquiries in all accreditation areas. Most queries center on standards interpretation, first and progressive steps toward accreditation, and supports providers will receive throughout the accreditation process. In addition to consultation from the CARF Canada staff, providers are connected to a resource specialist in the CARF International office in Tucson or the CARF–CCAC office in Washington, D.C. ■■

Support of Patient-Centered Primary Care Collaborative dovetails CARF's person-centered mission

Citing its person-centered mission, CARF International announced its support of the Patient-Centered Primary Care Collaborative (PCPCC). Since it was formed in 2006, the Washington, D.C.-based PCPCC has gained momentum and national attention for its improvements in patient care.

“CARF's mission focuses on enhancing the lives of persons served in the health and human service field,” said Brian J. Boon, Ph.D., CARF president/CEO. “Our mission dovetails the spirit of PCPCC's patient-centered efforts. For more than 40 years, CARF has championed quality services for consumers. We look forward to working with other supporters to advance PCPCC's goals.”

As a PCPCC supporter, CARF joins with scores of professional societies, national employers, trade associations, quality advocacy groups, academic centers, and consumer advocacy groups participating in the collaborative. CARF will contribute its expertise in consumer-focused advocacy, accreditation, and quality measurement to the ongoing development of the Patient-Centered Medical Home (PCMH) model, PCPCC's current objective.

The PCMH model creates a healthcare setting that works as a collaborative partnership between patients and personal-care providers to help navigate today's complex medical system. PCMH encompasses care for all stages of life, including acute and chronic care, preventive services, and end-of-life care—services provided to consumers in CARF-accredited programs. ■■



Beyond Rehab: CARF thrives in DMEPOS accreditation mix

Beth Kolbe, PT

Long known for its work with rehab facilities, the Commission on Accreditation of Rehabilitation Facilities (CARF) is now accrediting for most DMEPOS product categories.

When Congress required accreditation of DMEPOS suppliers, the HME industry received the mandate with a bit of angst. Most questions centered around which product categories must become accredited, in which metropolitan areas, on what timetable, and the relationship between accreditation and the competitive bidding process.

“Some industry leaders at first incorrectly believed CARF was limited to accrediting orthotics suppliers and rehabilitation facilities.”

More questions arose when CMS announced the accreditors from which providers could choose. Each of the 10 organizations that CMS approved to accredit DMEPOS suppliers was deemed for a different array of product categories. For example, CMS approved the Commission on

Accreditation of Rehabilitation Facilities (CARF) to accredit scores of DMEPOS product categories. However, some industry leaders at first incorrectly believed CARF was limited to accrediting orthotics suppliers and rehabilitation facilities. In fact, CMS approved CARF to accredit suppliers of most DMEPOS subject to competitive bidding. A complete list of CARF's approved product categories is posted at www.carf.org/dmepos.

Having accredited and consulted with programs ranging from small “mom and pops” to large networks, CARF helps HME suppliers of all sizes to achieve accreditation. CARF's experience in helping organizations operate in conformance to professionally accepted standards is especially beneficial for HME suppliers preparing for an accreditation survey for the first time. Since its founding in 1966, CARF has taken a peer-review approach to accreditation.

For any provider, the first and largest decision in the accreditation process is choosing the accreditor that best matches a supplier's business needs and product categories. Once a decision is made, it is time to begin the process by contacting the organization for help in preparing for a survey. Although unannounced, all surveys are eventually conducted during a supplier's normal business hours.

Following the on-site survey, we at CARF review the findings and render an accreditation decision. Accreditation decisions are made by considering how well a supplier meets the standards and its ability and commitment to maintain and improve its performance. One of three accreditation decisions is possible on the first survey: 3-year accreditation, 1-year accreditation, or nonaccreditation.

At CARF, a quality improvement plan (QIP) accompanies the accreditation decision. The QIP lists standards that were either not met or partially met. To demonstrate its commitment to improvement and standards conformance, a supplier must complete and submit the QIP within 90 days after receiving the accreditation decision. In keeping with its consultative approach, CARF provides free assistance to help suppliers complete the QIP.

Beth Kolbe, PT, is a CARF resource specialist. She can be reached via e-mail: dmepos@carf.org.

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Annual CARF accreditation gold seal marks an organization's continued conformance to quality standards

Starting with three-year accreditations issued under the 2008 CARF standards manuals, CARF will award a gold seal upon acceptance of the Annual Conformance to Quality Report (ACQR). The seals are intended to be placed on the redesigned accreditation certificate as a public symbol of the organization's continued dedication to providing person-centered, quality services.

Three-year accreditation certificates awarded under earlier CARF standards manuals will continue to bear a single gold seal, good for the entire term. (Gold seals have been awarded annually to organizations with a maximum five-year accreditation term under the CARF–CCAC standards manual since 2005.)

Beginning with organizations accredited under the 2008 standards manuals, CARF will send, along with each ACQR letter, a gold seal to place on the accreditation certificate.

“Accreditation is an ongoing improvement process, not a one-time snapshot of the organization,” said Brian J. Boon, Ph.D., CARF president/CEO. “An annual gold seal on the accreditation certificate signals to consumers that the organization has earned the privilege to display the CARF seal because of its continuous commitment to improving service quality.”

As part of accreditation, organizations achieving three- or five-year accreditation (the highest levels awarded by CARF and CARF–CCAC, respectively) submit an annual report, the ACQR, on each anniversary of accreditation. The report attests to the organization's continued conformance to standards and updates important information about the organization and its accredited programs.

CARF originally determines an accreditation decision from the findings of a survey team that spends two to five days on site at the organization observing services, reviewing documentation, interviewing the persons served and other stakeholders, and providing consultation. Survey team members are selected for their expertise and experience to match the needs of the organization they survey.

Three-year accreditation certificates awarded under earlier standards manuals will continue to bear a single gold seal, good for the entire term.

If the survey results in an accreditation award, the length of the accreditation term may vary, depending on the organization's level of demonstrated conformance to the CARF standards. Six months before the accreditation term expires, an organization needs to apply for a CARF resurvey, which will lead to a new accreditation decision.

Most accredited organizations proudly display their CARF accreditation certificate in a location easily noticed by the public. “The annual gold seal demonstrates that the organization is continuously engaged in a quality improvement effort to ensure the persons served receive the highest level of service,” Boon concluded. ■■



Inter-rater reliability confirms validity of CARF surveys

CARF surveyors continually seek to improve performance. In striving for improvement, questions about surveyor inter-rater reliability often arise. CARF has taken steps to ensure the most accurate and positive answers.

For research purposes, **reliability** means consistency or repeatability. **Inter-rater reliability** is the degree of agreement among raters or observers. It helps indicate if a particular scale is appropriate for measuring a particular variable or if the raters are adequately trained to apply the scale.

For CARE, inter-rater reliability is the extent of agreement among surveyors in applying and rating standards conformance and recommending accreditation decisions during on-site surveys. Although studies on inter-rater reliability are typically conducted in experimental settings, CARF research of surveys over the years lends support to the reliability of CARF's peer review survey process.

Understanding how CARF survey team members determine conformance to the standards is essential to understanding inter-rater reliability.

- CARF standards are written to convey a single concept, known in research circles as **unidimensionality**. Unidimensional standards enable surveyors to evaluate one conformance aspect at a time.
- CARF surveyors use a four-point rating scale called SCoRS®, or Standards Conformance Rating System, to identify the level of an organization's demonstrated conformance to each applicable CARF standard. The ratings indicate non-conformance, partial conformance, conformance, or exemplary conformance. It is important to note, however, that CARF accreditation awards are on-balance decisions, not simply a tally or average of ratings.

CARF uses unidimensional standards and SCoRS to promote greater precision in the surveyors' assessment of standards conformance. This precision enables greater consistency in accreditation decisions.

FREQUENTLY CITED AND DISCRIMINATORY STANDARDS COMPILED ANNUALLY

Di Shen, Ph.D., CARF chief research officer, heads CARF's Research and Quality Improvement (RQI) department. The department has researched standards conformance data for more than ten years. Acting on suggestions from CARF board members and surveyors, RQI has introduced many tools for surveyors to use on site to promote inter-rater reliability.

"We collect standards conformance data daily from surveyors," Shen said. "Then, we analyze the data for patterns of standards conformance to help us assess inter-rater reliability.

"For example, we identify the **most frequently cited standards** on all surveys. They represent those areas that seem to be most difficult for the field overall—not the areas that differentiate three-year accreditations from lesser accreditation decisions." (Most CARF surveys lead to three-year accreditation awards, although the success rate is higher on resurveys than on first-time surveys.)



Discriminatory standards, on the other hand, are a handful of identified standards rarely cited on surveys that are awarded a three-year accreditation. These same standards are often cited on surveys that lead to a one-year accreditation or nonaccreditation.

“Although the most frequently cited standards are useful for designing provider and surveyor education, conformance patterns to discriminatory standards are more useful for surveyors to refer to when they recommend accreditation decisions,” Shen said.

Because CARF updates its standards manuals every year, studies of the most frequently cited or discriminatory standards may be confined to the year in which the standards were applied on surveys. However, if the standards are not revised in the following year, they can be studied over a longer period.

“Discriminatory standards identified in year one can successfully predict accreditation decisions in surveys in a subsequent year if the standards remain in place,” Shen said. “The accuracy rate is higher than 90 percent. This is very impressive, given that standards conformance ratings alone do not capture everything happening in a given organization.”

THEMES ANALYSIS CUTS ACROSS THE YEARS AND SERVICE FIELDS

“Several years ago, we began themes analysis,” Shen continued. “This analysis evaluates how organizations conform to a group of CARF standards for a specific topic, such as accessibility or the rights of persons served.”

Standards themes are relatively stable and thus make it possible to compare and assess conformance patterns across a number of years, as well as across service fields.

“From our themes analysis, strong converging evidence confirms inter-rater reliability of the CARF survey process,” Shen explained. “Themes analysis reveals consistent standards conformance patterns when comparisons are made for different accreditation decisions. Overall, surveys of three-year accreditations outperformed surveys of one-year accreditations, which in turn outperformed surveys of nonaccreditation decisions by every standards theme.”

ONGOING EDUCATION KEY TO VALUE AND RELEVANCE

CARF’s RQI department also examines variations among surveyors and surveyor teams while conducting site surveys.

CARF surveyors’ peer review and consultative approach for improved quality stand as hallmarks of the CARF survey. More than 1,200 dedicated surveyors—each a seasoned professional in the field he or she surveys—freely share their expertise with the organizations they survey.

“The goal of these examinations is to uncover ways to improve consistency,” Shen said. “Whenever unusual variations are found in standards conformance patterns, case studies are conducted to learn why. These case studies help us design more meaningful surveyor training.”

CARF surveyors’ continuing education commitment plays an important part in ensuring inter-rater reliability. “By being required to invest in continuing education every year, surveyors add value and relevance to the survey process,” Shen said.

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Susanne Bruyère

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MANAGING DIRECTOR,
BEHAVIORAL HEALTH AND
CHILD AND YOUTH SERVICES

Di Shen, Ph.D.

CHIEF RESEARCH OFFICER

Daniel Stavert

CHIEF ADVISOR, ACCREDITATION
STANDARDS, CARF CANADA

Annette C. Watson

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Al Whitehurst, EDITOR

Address correspondence to the editor.

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DIALOGUE IMPORTANT TO PEER REVIEW

“CARF surveyors bring their own expertise and experience to the survey process,” Shen said. “Their individual perspectives add value to the peer review process by encouraging dialogue among survey team members as they discuss strengths and weaknesses of the organization they are surveying.”

Brian J. Boon, Ph.D., CARF president/CEO, said, “Minor variations among surveyors actually benefit the survey process. Each surveyor brings something unique to every survey because of his or her diverse background. This variety maximizes the benefit of information sharing and consultation for the organization being surveyed.”

A former surveyor himself, Boon added, “If all our surveyors brought the same perspectives to the table, new insights could not be introduced to organizations because, over time, organizations would have heard it all before. Our peer review process, which uses peers in the field and eschews full-time surveyors, distinguishes us from many other accreditors.”

Shen concluded, “Our empirical data analyses of inter-rater reliability reveal that, as a group, our surveyors are doing a remarkable job in the peer review process.” ■■

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CARF International 4891 E. Grant Road, Tucson, AZ 85712 USA
Toll-free 888.281.6531 voice/TTY www.carf.org

CARF-CCAC 1730 Rhode Island Avenue NW, Suite 209, Washington, DC 20036 USA
Toll-free 866.888.1122 voice www.carf.org/aging

CARF Canada 10665 Jasper Avenue, Suite 1400A, Edmonton, AB T5J 3S9 Canada
Toll-free 877.434.5444 voice www.carfcanada.ca