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by Kathleen Patrick, CPHQ, M.Ed.

PERFORMING ORGANIZATIONAL CPR

We know that applying CPR can dramatically increase the chances of survival of a victim of sudden cardiac arrest. The technique maintains a vital blood flow to the heart and brain until more advanced care can be given.

What happens when organizational “sudden cardiac arrest”—a sentinel event—strikes in your organization? Are your staff members prepared to administer the life-saving techniques of CPR: Actions to improve your organization’s chance of survival? Practices to ensure vital communications throughout the organization until more advanced support can be provided?

This article provides tools you can use to prevent sentinel events and, when they do occur, actions you can take to mitigate their effects.

PREVENTING SENTINEL EVENTS

Business practices that promote responsibility and accountability can help your organization prevent and prepare for sentinel events, including:

- a continuous quality improvement program
- competency-based staff training
- an effective corporate compliance program
- an external review of quality indicators
- benchmarking and best practices

However, a sentinel event can occur in even the best run organization. These tools—or CPR—can help you respond to and prevent recurrence:

- Critical incident stress management
- Plans to prevent recurrence
- Root cause analysis

Critical incident stress management
Plans to prevent recurrence
Root cause analysis

CRITICAL INCIDENT STRESS MANAGEMENT

Following a sentinel event, staff members and persons served may experience a stress reaction, which is normal but usually short term. Most people are resilient and bounce back. However, even for a short time, the organization’s ability to function can be impaired if many people react simultaneously and intensely.

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WHAT DOES CARF SAY ABOUT SENTINEL EVENTS?

A sentinel event is an unexpected occurrence that results in death or serious physical or psychological injury or that risks life, limb, or function. Such events require immediate investigation and response. (The CARF standards manuals' glossary defines sentinel event in more detail.)

Accredited organizations must provide CARF with information about significant events—including sentinel events, investigations, material litigation, and catastrophes—within 30 days of their occurrence.

A health and safety standard applied on all CARF surveys calls for each organization to have critical incident policies and written procedures that include prevention, reporting, and, when necessary, remedial action for sentinel events (among other types of critical incidents).

In keeping with CARF's nonprescriptive approach, each organization can tailor its policies and procedures to meet its unique needs. This standard's purpose is to help the organization improve its performance if a sentinel event occurs. In the accompanying article, a rehabilitation professional shares one process for reducing the occurrence of sentinel events and preventing their recurrence.

Critical incident stress management tries to prevent ongoing turmoil that leads to a loss of productivity. Post-traumatic stress, in which reactions persist more than 31 days, occurs when critical incident stress is not effectively managed.

In their 1997 book, *Critical Incident Stress Management (CISM): A New Era and Standard of Care in Crisis Intervention (Innovations in Disaster and Trauma Psychology, v. 2)*, Jeffrey T. Mitchell and George S. Everly, Jr., describe CISM as a system to return those affected by a sentinel event to a state of adaptive functioning by:

- reducing and controlling harmful aspects of stress in service delivery
- reducing the incidence, duration, and severity of traumatic stress, thus reducing the risk of developing post-traumatic stress disorder
- reducing impairment from traumatic stress
- facilitating follow-up interventions if needed

CISM has also been called psychological first aid. Core CISM elements include:

- Early intervention. Critical incident defusing for those affected should occur within 12 hours of the incident.
- Psychological support. Critical incident defusings are followed by debriefings usually 24–72 hours after the incident. Both are confidential and voluntary opportunities for the persons affected to learn about stress, share reactions to the incident, and vent emotions. The purpose is to stabilize individuals affected by the incident so that they will be able to return to their normal routines without unusual stress.
- Crisis education. Although useful after an incident, crisis education should also be provided before an event occurs. Education includes an awareness of possible incidents, crisis response strategies, and stress management coping skills that can prevent major complications if an incident occurs. It can take the form of an employee handbook, informational bulletin, or workshops for staff.

A trained CISM team leads the sessions for individuals affected by a critical incident. This confidential, emotion-sharing process is not intended for routine incidents. But when a sentinel event occurs that causes significant stress for those involved, the organization should provide CISM.

PLANS TO PREVENT RECURRENCE

Organizations that continuously monitor, analyze, and improve performance following a sentinel event also improve their chances for survival. Effective organizations take specific actions to prevent recurrence.



Developing a plan to help prevent recurrence begins by reviewing the proximate causes of the event. A proximate cause is an act or omission that directly produces a consequence; it is the superficial or obvious cause. The review should include the design of involved processes, how processes are monitored, current performance, and strategies for improving and sustaining improved performance.

Treating symptoms or proximate causes only brings short-term improvement. Although short-term improvement is desirable, it is not a permanent fix and will not necessarily prevent the event from recurring.

ROOT CAUSE ANALYSIS

A root cause analysis decreases the likelihood that a similar event will occur. This analysis identifies basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. The root cause is the fundamental reason for the failure or inefficiency of a process. A root cause analysis determines what are the systems and procedures that allowed for a mistake, figures how to change procedures so that mistakes are less likely, and then makes the change.

For example, a staff member accidentally gives the wrong dose of a medicine, which leads to hospitalization. This is the proximate cause of the event, but as the organization conducts a root cause analysis, it realizes it does not have a good system to administer and track medications. Although the staff member made the immediate mistake, the organization’s medication system contributed to the mistake.

You can set up the risk reduction plan as follows:

Root cause(s)/ opportunity for improvement(s)	Risk reduction strategy(ies)	Person(s) responsible for implementation	Implementation date(s)	Measurement strategy(ies)
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Effective organizations should distinguish between problems in which recurrence is tolerated and those in which it is not. This is a simple way to determine if a root cause analysis is necessary. For example, not all medication mistakes will send someone to the hospital, but it is still an area in which an organization will want to conduct a root cause analysis to greatly reduce the chance of mistakes.

According to *A Vision of Root Cause Analysis—Effectiveness and Efficiency* (www.rootcauselive.com), when you attempt to understand the root causes of a problem, you want to minimize the possibility of an identical problem occurring anywhere in the organization. You also want to address the underlying causes of the problem to avoid seemingly unrelated problems in the future.

Gene Bellinger (www.systems-thinking.org) is an expert on business, organizational theory, and systems theory. He says to find root causes, only one question is relevant: “What can we learn from this situation?” Bellinger states that research has repeatedly proven that unwanted situations within organizations are about 95 percent process problems and only 5 percent personnel problems. In the example of the medication misdose, the problem might lie in the organization’s procedures rather than the staff member’s failure to follow them.

Yet, many organizations spend far more time looking for culprits than causes. Because of this misdirected effort, organizations fail to understand the foundation of the unwanted situation.

A root cause analysis determines what are the systems and procedures that allowed for a mistake, figures how to change procedures so that mistakes are less likely, and then makes the change.

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How CARF accreditation helped an Argentine provider improve its service quality

A PERSONAL ACCOUNT

by Paola Valyi, M.B.A., quality office coordinator, FLENI Escobar, Escobar, Argentina

When FLENI Escobar Rehabilitation Center began the CARF accreditation process in 2003, our first challenge was to build consensus among the staff. Several of us viewed CARF accreditation as an exciting opportunity for FLENI to demonstrate the quality of our services to an external review panel. However, others believed cultural differences would be an obstacle to accreditation. In their opinion, implementing North American standards in a Latin American culture would be quite impossible.

However, the versatility and universality of CARF standards quickly proved the naysayers wrong. By the end of a series of training programs for staff, all of FLENI Escobar had enthusiastically signed on. It was thrilling to watch staff members from all areas and levels working to improve service quality, gathering data, selecting performance indicators, participating in training, and studying CARF standards manuals. Staff commitment permeated the center; no one wanted to be left out.

By the time of the survey, our entire organization was filled with anticipation. CARF standards had helped us develop a culture for quality improvement and teamwork with a renewed focus on the outcomes and satisfaction of our patients.

In 2005, CARF awarded FLENI Escobar a three-year accreditation, the highest level possible. The award confirmed what we had believed all along: Implementing CARF standards is possible with the combined and diligent efforts of staff, families and patients, social health insurance companies, and benefactors.

We at FLENI agree we are better now, both professionally and personally. Argentina can be proud of a top-ranking rehabilitation center like FLENI. The CARF accreditation process not only changed the way we provide services, it also gave us a broad spectrum of tools that make quality improvement part of our everyday service delivery. We now continually focus on improving areas that will benefit patients, their families, and staff.

CARF standards helped us identify problem areas and develop practices to address them. The standards are excellent tools to teach the value of data collection and how to use the information to identify quality improvement opportunities in FLENI.

The accreditation process is an intensive and dedicated effort but definitely worth it. ■■

Editor's note: CARF awarded accreditation to medical rehabilitation programs at the Instituto de Rehabilitacion y Educacion Terapeutica, the rehabilitation and therapeutic education center of FLENI, in Escobar, Argentina. FLENI, or Fundación para la Lucha contra las Enfermedades Neurológicas de la Infancia, is a nonprofit organization providing preventive medicine, diagnostics, neurological and medical healthcare services, and research activities for children, adolescents, and adults. FLENI's rehabilitation and therapeutic education center was opened in 2001 to serve patients with acquired brain injury, stroke and spinal cord, orthopedic, cardiovascular, and respiratory diseases. The center is 52.5 kilometers north of Buenos Aires.



TESTIMONIALS FROM FLENI STAFF MEMBERS

“ I feel proud to be the head of a CARF-accredited institution. I must admit that this accreditation would have never been obtained without the spirit and determination of the staff. Every right decision, every minute of perseverance, every effort and sacrifice toward attaining material goals have paved the way to development and self-improvement. FLENI Escobar has met the standards and adopted quality as a methodology. Today, maintaining accreditation is not the only challenge; we are going for more. There are aspects to improve and goals to be met. Our responsibility is even greater now. ”

Dr. Ramon Leiguarda, president

“ The fact that certain FLENI programs have been awarded the accreditation established by CARF is a significant achievement that encompasses different areas:

1. The concept of continuous quality enhancement was introduced across the organization.
2. It helped us build in-house knowledge that outcomes can be measurable and accountable and that they must meet stakeholders' needs.
3. CARF accreditation adds a new, distinctive attribute to the Rehabilitation Institute, which is the first Spanish-speaking, CARF-accredited center in South America.
4. It demonstrates that FLENI continually meets internationally recognized standards.

This CARF accreditation is a major achievement and continuous challenge that benefits FLENI patients, their families, the staff, suppliers, founders, and benefactors. ”

Lic. Enrique Camerlinckx, executive director

“ Delivering CARF-accredited programs and services was a major challenge to me. Since the opening of FLENI Escobar, CARF standards and specifications have always been in the air. From the day I took over this project, we knew quality was essential. Fortunately, the staff truly endorsed this philosophy, and it was well transmitted. In fact, it really came true when the Quality Office was formally created. Clearly, it was a good decision.

The days before the on-site survey, I was confident we would make it. We knew we had a challenge ahead, and we were thoroughly prepared. The CARF surveyors made us feel very comfortable. The accreditation process itself was another opportunity to learn from experienced people who have much to give. ”

Dr. Christian Van Gelderen, medical director

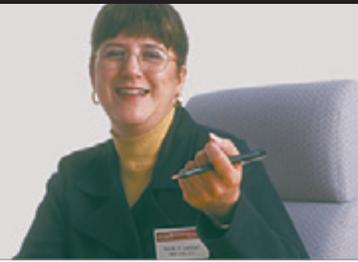
“ The survey was the final step of a process that took us more than two and a half years of work. Even before FLENI's Rehabilitation Center came true, the idea of being a CARF-accredited organization, one of the major goals of rehabilitation centers all over the world, was already in our minds. CARF is the most rigorous and prestigious organization in terms of quality service and standards.

We are all very pleased about the accreditation as it constitutes an acknowledgement of our daily work, and it raises new challenges in the quest for excellence and commitment to quality. ”

Dr. Lisandro Olmos, medical director, rehabilitation center



NEWS FROM CARF



NCQA REAFFIRMS RECOGNITION OF CARF AS MANAGED CARE SERVICES ACCREDITOR

Recognition complements URAC acceptance of CARF accreditation for facility credentialing

The National Committee for Quality Assurance (NCQA) recently reaffirmed its recognition of CARF as an accepted accreditor of managed care services.

An independent, nonprofit organization, NCQA accredits managed care entities, including managed care organizations, managed behavioral healthcare organizations, new health plans, and preferred provider organization plans. NCQA standards for these entities require that provider organizations such as hospitals, home health agencies, skilled nursing facilities, and behavioral health facilities that offer inpatient, residential, or ambulatory mental health and substance abuse services be reviewed and approved by an accrediting body or undergo an on-site quality assessment by the managed care entity.

NCQA's recognition complements URAC's acceptance of CARF accreditation as fulfilling standards that require facility credentialing. URAC, formerly known as the Utilization Review Accreditation Commission, is an independent, nonprofit accreditor of health utilization management and health plans.

“Continued acceptance of CARF by other widely respected accrediting bodies is tangible evidence that the healthcare community recognizes CARF's positive impact on service quality,” said Brian J. Boon, Ph.D., CARF president/CEO. “Acceptance of CARF accreditation in meeting NCQA and URAC accreditation and credentialing standards means service providers can satisfy managed care entity mandates without duplicating effort.”

NCQA recognition of CARF accreditation was first published in 1996. URAC officially accepted CARF accreditation in 2005. ■■

CARF INTRODUCES PRELIMINARY ACCREDITATION FOR NEW SERVICES

Option recognizes providers' commitment to service quality

CARF now offers providers the opportunity to become accredited before providing new services. This preliminary accreditation option allows providers to receive benefits of CARF accreditation while they establish use and implementation of standards.

Preliminary accreditation requires on-site surveys both before and six months after the beginning of service delivery.

“The preliminary accreditation option illustrates CARF's dedication to tailoring its accreditation services to the needs of the field, while preserving the integrity of the survey process,” said Brian J. Boon, Ph.D., CARF president/CEO. “Persons served should have their choice of quality services.”

“In the past, providers might have been caught in a catch-22,” explained Darren M. Lehrfeld, CARF's chief accreditation officer and general counsel. “Traditional CARF accreditation requires a provider to deliver



services and implement standards for at least six months before a survey can be conducted. However, regulators sometimes require accreditation as a prerequisite for doing business or service reimbursement. A preliminary accreditation, when deemed appropriate by CARE, gives the aspiring provider a chance to enhance the lives of persons served.”

Once a provider applies for preliminary accreditation, a CARF survey team conducts an on-site review of the provider’s facilities, plans, and documented systems to determine if persons served will benefit from services. If the organization earns preliminary accreditation, CARF conducts a follow-up survey to assess the use and implementation of standards in actual service delivery, and the organization will earn a three-year accreditation, one-year accreditation, or nonaccreditation. Accreditation expires if the follow-up survey does not occur within six months of beginning service delivery.

For more information about preliminary accreditation, please contact a resource specialist at CARE, 888.281.6531 or www.carf.org. ■■

SUSANNE MATTHIESEN PROMOTED TO AGING SERVICES MANAGING DIRECTOR

Matthiesen brings expertise and experience in the aging services field

CARF President/CEO Brian J. Boon, Ph.D., announced the promotion of Susanne Matthiesen to managing director of the Aging Services customer service unit, which includes CARF–CCAC. In her new position, Matthiesen will continue to work from the CARF–CCAC office in Washington, D.C.



“Sue understands the needs and trends in the aging services market,” Boon said. “Her expertise and experience are valued resources in this expanding field.”

In her new position of managing director, Matthiesen will supervise the Aging Services customer service unit’s operations and staff and will provide leadership for developing standards and improvements in the accreditation processes.

Matthiesen joined CCAC in 2001, two years before CARE acquired the nation’s only accreditor of continuing care retirement communities. In addition to these communities, the Aging Services customer service unit conducts accreditation activities for assisted living residences, adult day services, and aging services networks. Most recently, the unit began accrediting person-centered long-term care communities (nursing homes) and introduced accreditation for stroke specialty programs. Accreditation of dementia specialty care is set to begin later this summer.

As a business development executive at CARF–CCAC, Matthiesen implemented a business redesign project accreditation process in 2002 and fostered collaborative relationships with professional groups, including insurance, consumer advocacy, provider, and state regulatory agencies.

Before her work with CCAC and CARE, Matthiesen consulted on federal government contracts, provided graduate education on long-term care administration in an academic medical center, and developed long-term care education for a professional association. Matthiesen earned an M.B.A. focused on long-term care administration from The George Washington University. ■■



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Al Whiteburst, EDITOR

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To maximize the value of your root cause analysis, be sure the lessons learned are shared with others. Although others may not have directly experienced the event or be at risk if it recurs, a summary of the analysis and lessons learned is often an adequate warning to prevent it from happening again.

YOUR ORGANIZATION CAN SURVIVE A SENTINEL EVENT

Your organization does not have to lose its good reputation, productivity, quality staff, or valuable assets because of a sentinel event. If more leaders knew CPR for sentinel events, the occurrences would not challenge an organization's survival. As unwelcome as they are, sentinel events can provide opportunities for improvement. ■■



About the author: *Kathleen Patrick has been a CARF surveyor in the Employment and Community Services accreditation area since 1992 and has been employed with Easter Seals New Jersey, one of the largest Easter Seals affiliates, since 1983. At present, she is vice president and served as the organization's coordinator to prepare for its most recent combined Behavioral Health and Employment and Community Services CARF survey, which was 6 days with 16 surveyors. A certified professional in healthcare quality, Ms. Patrick has extensive experience in critical incident prevention, management, and response.*

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