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Contents

[Preparing for the On-Site Survey: After the Presurvey Phone Call](#)

[Resources for Survey Preparation](#)

Highlighted Standard
[The Portable Profile](#)

Preparing for the On-Site Survey: After the Presurvey Phone Call

Your survey is scheduled, and the presurvey phone call two to three weeks prior to the survey dates has been completed. During that call, you spoke with the survey team coordinator and reviewed many topics to facilitate this on-site survey. This includes establishing some logistics, including any specific transportation arrangements that need to be made for the survey team from the hotel to the organization and for any visitation to other administrative or service locations during the survey. You have provided specific directions to the team coordinator about the location of the orientation (opening) conference for the survey.

In addition to helping coordinate survey logistics as appropriate, after the call and before the survey team arrives, you will follow up on items you discussed during the presurvey call.

Here are some suggestions and areas to consider as the dates of your survey approach.

- Continue to gather the prepared documents and records that the survey team will be reviewing. These records are needed to substantiate conformance to the CARF standards and may be electronic or hard copy formats.
- Designate a private space for the document review and the team to meet. If the room does not have access to a phone, identify access to one the team can use. If the survey is to be conducted at more than one location, designate the private space and phone access in the additional locations.
- Assemble and organize nonconfidential items prior to the team's arrival.

For documents maintained in hard copy, assemble the necessary documents in the designated room.

If documents are electronic, identify how and where the team can access them. Make any special arrangements necessary for the survey team to access these files.

If you have discussed with the team coordinator that you will make some nonconfidential materials available at the hotel the night before the survey, identify these items and make arrangements to provide them to the team.

Remember, it is up to you whether or not to provide materials to the survey team prior to the on-site survey. Doing so may assist the team in efficiently planning activities and time on site to allow more opportunities for consultation. However, if you do not wish to provide these additional materials before the survey starts, there is no negative consequence or impact.

The survey will cover every standard applicable to your organization and the programs/services for which accreditation is being sought. It is your responsibility to provide the evidence necessary to demonstrate conformance to the standards. It may be helpful to organize the documents in such a way that the relationship between each document and the applicable standard is clear to the survey team. For example, an option might be to tag your policy manuals, meeting minutes, or other documents to indicate the standards to which these relate. Remember, there is no one way to organize the documents. Documents and other evidence of conformance should be organized in a way that

will help you easily locate information to demonstrate conformance to the applicable standards.

- Use of the Survey Preparation Guide and, if used, sharing of the information in this guide are optional. If you have used this resource, it might be helpful to refer to the Documentation Examples sections or the Survey Preparation Toolbox section of the guide. If you used the Standards Manager® software for your survey preparation, it is optional to share this tool with the survey team. Review the Standards Manager memo for organizations from CARF for additional guidance.
- Pull or arrange for access to confidential records of persons served, both current and closed. If the case records are maintained at various sites, ensure that they are available when the survey team members arrive at the sites. Surveyors will randomly select open records of the persons served for review as part of the survey process.
- Identify staff members, persons served, family members, and other stakeholders to be interviewed and coordinate the tentative interview schedule with the survey team coordinator. Designate a private space for interviews to be conducted. If interviews are to be conducted by phone, make arrangements for the telephone calls.
- Identify and coordinate any necessary arrangements for the orientation and exit conferences. Arrange an appropriate room for this activity. Determine in advance whether you wish to audiotape/videotape the exit conference, and make technical arrangements prior to the actual conferences. If the survey has outlying locations from which a surveyor will be attending orientation or exit conferences by phone or video conference technology, take care of any specific needs for this to occur.
- Plan for and invite those individuals whom you would like to attend the orientation conference, such as key organization officials; staff members; persons served; or representatives of governance, referral sources, and/or third-party funding sources. Share with the prospective attendees the purposes of the orientation conference; i.e., outline the site visit process, provide the survey team with an overview of the organization, and answer questions.
- If you have not displayed the poster announcing the pending survey and survey dates prior to the presurvey call, do so promptly following the presurvey phone call.
- Review each of the Accreditation Conditions and contact CARF before the survey if you have any questions about these conditions.
- Identify with your team any particular standards or areas about which you are seeking consultation from the surveyors so that this can be provided as time allows. Sharing these areas with the survey team coordinator during the presurvey call is encouraged.
- If this is a resurvey, review your previous survey report and Quality Improvement Plan (QIP). The survey team will also have copies of these documents.

Remember, the survey is your opportunity to demonstrate your organization's conformance to all applicable standards on site through the observation of services; interviews with persons served, families, support systems, and other stakeholders; and review of documentation. You have chosen CARF accreditation to let consumers know of your organization's commitment to continual and consistent improvement of the quality of your services and programs. The accreditation demonstrates your focus on consumer satisfaction through observable practices, verifiable results over time, and comprehensive supporting documentation. The goal of the survey is to not only gather and assess information to determine conformance to the standards that leads to an accreditation decision, but also to assist your organization in improving programs and services overall. The survey is a consultative process conducted by your peers.

Now that you have fully planned and prepared, you are ready for the survey to begin.

Remember, contact your CARF resource specialist if you have any questions.

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Resources for Survey Preparation

Medical Rehabilitation Standards Manual and Customer Connect resources

Customer Connect, CARF's secure, online Web portal, includes a variety of resources, including Preparing for Your Survey, which provides information about the survey process, including the orientation and exit conferences; document review; facility tour; interviews (persons served, personnel, and other stakeholders); and other important items. This document can be accessed through <http://customerconnect.carf.org> without logging into the Web portal. Click on the "Help" link and select "The Survey and Accreditation Process."

CARF publications and tools

In addition to the *Medical Rehabilitation Standards Manual*, CARF has a number of publications that might be useful in understanding the survey process, preparing for your survey, and maintaining continuous conformance. Find information about CARF publications at <http://bookstore.carf.org>. The following may be of particular interest.

Accreditation Sourcebook

This nontechnical, reader-friendly guide to the CARF accreditation process provides a comprehensive overview of what accreditation is all about. It includes information about the application process, survey scheduling, sample survey preparation time tables, and much more. It is recommended reading for an organization seeking to maintain accreditation for its services and essential for those seeking CARF accreditation for the first time.

[Return to Top](#) ▲

Highlighted Standard:

The Portable Profile

The portable profile may be referred to by many names such as a medical passport, patient care notebook, or a healthcare folder. Regardless of the name, the portable profile is a tool to help the persons served and their families/support systems ensure that the persons served receive ongoing quality healthcare. In a medical emergency, there is nothing more valuable to a healthcare provider than fast, accurate information. In nonemergent healthcare, easily accessible up-to-date information can help facilitate assessment, treatment, and recommendations.

A portable profile typically includes basic medical and health information. It can be in a variety of formats, but should be easy to fill out and easy to update. Offering the persons served a choice of formats may improve the actual use of the profile. The profile should be easily carried by persons served so that they have the appropriate information at each health encounter and healthcare providers can be efficiently informed with more complete and accurate information than might otherwise be available. The portable profile empowers persons served to be responsible for important steps in their care, can lessen the fragmentation of care among healthcare settings, and can help to decrease the risk of medical errors.

CARF's first portable profile standard was developed for the stroke specialty program by an International Standards Advisory Committee assembled by CARF. It was soon revised to apply to all programs seeking accreditation under the Medical Rehabilitation Standards Manual. Two separate standards were developed to best meet the needs of the persons served in the various programs.

Standard 37. in Section 2. The Rehabilitation Process for the Persons Served, from the *2009 Medical Rehabilitation Standards Manual* is applicable to all programs seeking accreditation for Comprehensive Integrated Inpatient Rehabilitation, Home- and Community-Based Rehabilitation, Residential Rehabilitation, Interdisciplinary Pain Rehabilitation, or Vocational Services. Standard 37. is also applicable to any specialty program accreditation such as Brain Injury, Spinal Cord System of Care, Amputation, Stroke Specialty, or Pediatric Specialty Program accreditation in any setting of the continuum of services, including specialty programs in an outpatient medical rehabilitation program. Standard 38. is applicable to Outpatient Medical Rehabilitation Programs that serve a general population without specialty accreditation, and to Occupational Rehabilitation Programs. The two standards can be reviewed below.

37. The program assists each person served to develop or update a portable profile that addresses the person's specific needs in the following areas:

- a. Advance directives.
- b. Allergies.
- c. Emergency contact information.
- d. Equipment and devices.
- e. Functional status.
- f. Healthcare providers involved with care.
- g. Hospital preference.
- h. Immunization status.
- i. Insurance information.
- j. Medical diagnoses/conditions.
- k. Medications.
- l. Physicians involved with care.
- m. Prosthetic and orthotics information.
- n. Risk factors.
- o. Swallowing.
- p. Vision and hearing.

38. The program educates each person served about the importance of developing and updating a portable profile that addresses his or her needs.

It is important to note that the first standard indicates that the program assists the person served to develop or update a portable profile. The intent of this standard is not that the program completes a profile and hands it to the person served at discharge. The intent is that the person served or family understands the importance and benefit of a portable profile and knows how to complete and update such a tool. The organization should assist the persons served and/or their families to acquire the knowledge and ability to develop a portable profile and then be able to continue to use and update the profile after discharge or transition from the program. This knowledge base will not be attained if the organization completes everything in the profile for the person served and then hands it to him or her at the time of discharge without any additional education and training. If the program does complete and provide the profile for the person served, the expectation of the standard is that the program also provide education on the value of the profile; how and with whom the profile could be shared; and how, when, and by whom it could be updated.

As public awareness of the concept increases, the persons served might very well enter the program with a portable profile. To conform to Standard 37., the program should then assist the persons served to ensure that the existing profile is updated appropriately. If any pertinent areas identified in the standards are missing from the existing portable profile, the program could work with the persons served to include these areas and explain the benefits of having this information included.

When surveyors assess conformance to Standard 37., they may ask the persons served about their awareness of a portable profile, whether they have developed a profile, whether the organization offered any examples of a profile, or whether they know how to keep one current and up to date. Surveyors might ask persons served and staff members about the type of education or information that is available or has been provided to help persons served and/or their

families to use a portable profile after discharge/transition. They might also ask if the program provides a blank profile for someone who does not have one or if the program refers persons served or families to resources to access a profile to complete and use.

In Outpatient Medical Rehabilitation Programs without specialty program accreditation and in Occupational Rehabilitation Programs, the expectation of Standard 38. is not that the organization helps each person served to develop or update his or her profile but that the program educates the person served about what a portable profile is and the importance and use of a profile. These programs might provide verbal information or written materials that explain what a portable profile is and the benefits of using one. This information might be presented at admission or at any time during the assessment, treatment, or discharge/transition phase of the program. These programs should also be able to direct the person served to resources about portable profiles, provide examples of profiles, or provide information on how to initiate one if he or she is interested. This might be accomplished by referring the person served to appropriate resources if he or she expresses an interest in completing one and would like assistance. Resources might include websites or social workers or other staff members within the organization who might be able to assist the person served. The program might have examples available on site or a list of community resources, such as senior centers, home health agencies, or emergency medical response companies in the area that provide this type of assistance.

In summary, an organization that is in conformance to the portable profile standard will be providing adequate information and resources to the persons served and/or their families/support systems to assist in developing or updating a portable profile that addresses critical personal health information in a format that can be conveniently carried or accessed quickly by healthcare professionals for both emergency and ongoing care. The chosen tool and education should also allow for information included in the portable profile to be expanded, revised, and changed as needed. The optimal outcome is that the chosen tool will empower persons served to be responsible for important steps in their care, lessen the fragmentation of care among healthcare settings, and help to decrease the risk of medical errors.

Although CARF does not endorse or expect the use of specific products, the following list provides links to a variety of portable profile tools currently available.

<http://www.siebenspcc.com/services.htm#Notebook>

<http://myphr.com/>

http://medicalhomeinfo.org/tools/care_notebook.html

<http://www.medids.com/free-id.php>

<http://medicalert.org/home/Homegradient.aspx>

<http://portablehealthprofile.com/>

<http://medickey.com/>

<http://medictag.com/>

<https://www.icephr.com/>

<https://www.onfile.com/>

<http://www.nomoreclipboard.com/>

<http://www.roadid.com/Common/default.aspx>

Return to Top ▲