

# Facility Accreditation Standards

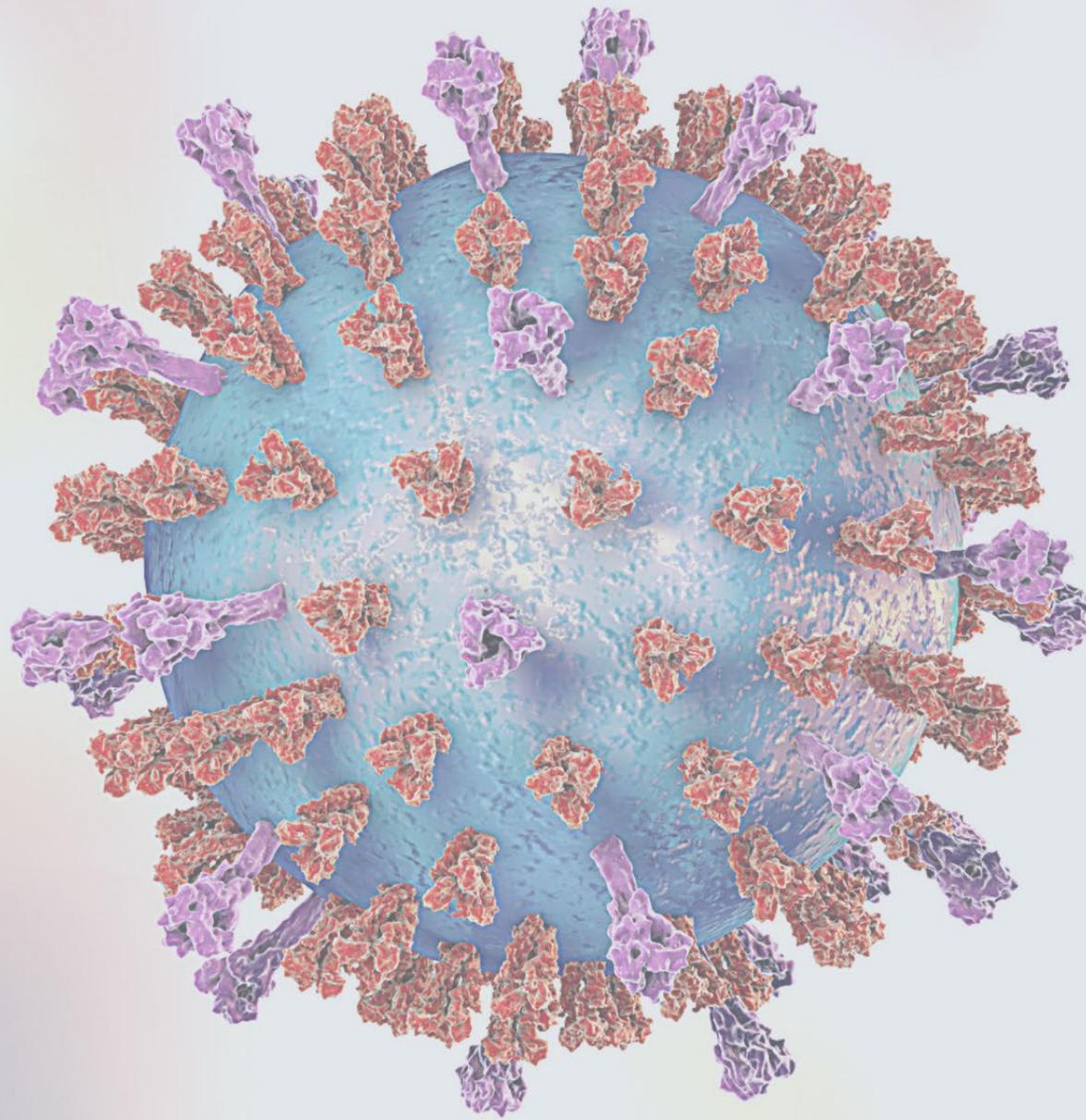
How to be Compliant in a Challenging O&P  
World



**Jim Lawson**

ABC Outreach Development Manager





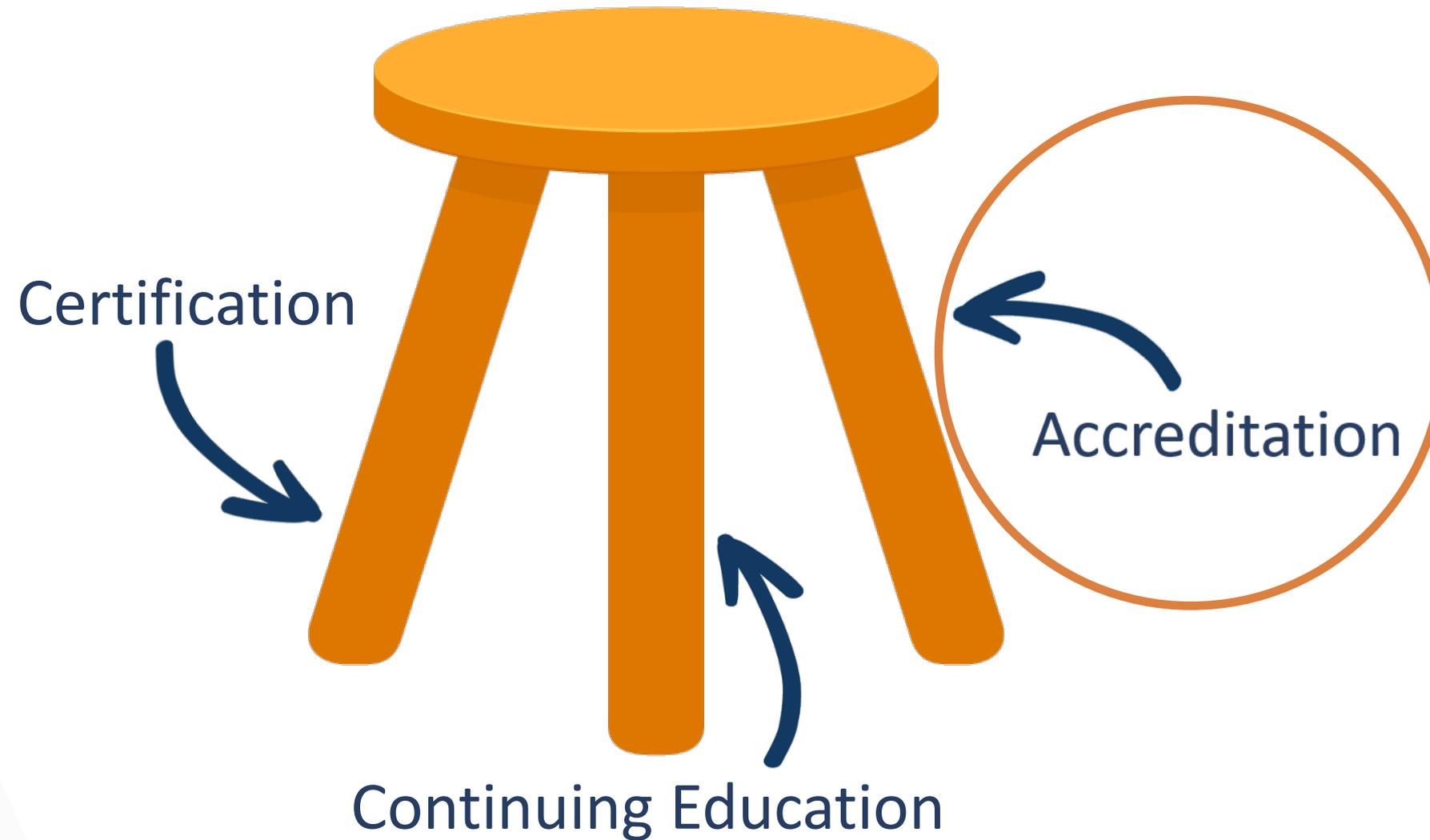
# ABC COVID – 19 Update Page

**Resources, podcasts, information on:**

- CMS Guidance
- Facility accreditation
- Certification exams
- Continuing education opportunities

**ABCop.org**

# ABC is like a three-legged stool



DOCUMENTATION

Documentation

Documentation

Documentation

Documentation

Documentation

**VALIDATION**

Documentation

Documentation

**DOCUMENTATION**

Documentation

Documentation

**Documentation**

Documentation

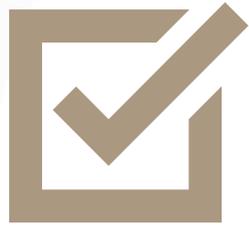
Documentation

Documentation

Documentation



# Accreditation and Renewal Process



**First time accreditation** -- can apply when facility is prepared

## Renewals



6 months prior to expiration



Reminders by snail mail and e-mail



4 week window



**Please let us know**

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# Preparing for Your Survey



Documentation is validation



Documentation must be available



Prepare your facility



Prepare your staff



Contact and backup contact



Survey unscheduled, unannounced

# Who are the Surveyors?



Located all across the US



Years of practitioner experience



Years of surveying experience



Consultative Approach



# Your Survey

Introduction

Meet & Greet  
Facility Tour

Workspace

Documents

Personnel  
Files

Exit Interview

CMS Phone Calls

Patient Records  
*-- at Least 10*

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Search...



AMERICAN BOARD  
FOR CERTIFICATION  
ORTHOTICS • PROSTHETICS • PEDORTHICS

**MY ABC** >

Welcome, Ms. Megan Matijevich  
[Sign Out](#)

LEARN WHO WE ARE

INDIVIDUAL CERTIFICATION

MAINTAIN CERTIFICATION

FACILITY ACCREDITATION

## PATIENT CARE

- > General Info
- > Getting Started
- > Maintaining Accreditation
- > FAQs
- > Residency Site Resources
- > Relevant Standards Tool
- > Mastectomy-Only Standards
- > Privileging Changes

## CENTRAL FABRICATION

[Home](#) > [Facility Accreditation](#) > [Patient Care](#)

## PATIENT CARE ACCREDITATION

ABC's Patient Care Accreditation Program is designed for facilities that provide orthotic, prosthetic and pedorthic services to patients. Your business must have on staff board certified or licensed personnel appropriate to the scope of services you provide.

## Resources

Select from the choices below:

- General Info
- Getting Started
- Maintaining Accreditation
- FAQs

**FIRST TIME APPLICATION** >

**RENEWAL APPLICATION** >

**STATE LICENSURE** >

**PROFESSIONAL ETHICS** >

## RESOURCES



Compliance Kit Resource Pack

- [Patient Care Accreditation Guide](#)
- [Mastectomy Accreditation Guide](#)
- [Relevant Standards Tool](#)

# The Compliance Kit





# Compliance Calendar



## NEW this Year

**Government Regulations Quick Reference Guide**—Terms, tips and resources provided all in one place to help you stay compliant with applicable Government Regulations and requirements.

**Privileging Guide**—The How and Who of Privileging—A deep dive into what privileging is, how to use it appropriately and effectively and how it affects your facility's accreditation.



**PEOPLE WHO LOVE TO EAT ARE ALWAYS THE BEST PEOPLE**

Free Lunch Postcard Challenge



Test your compliance knowledge for a chance to win Free Lunch for you and your staff! Simply fill out and mail in the postcards found at the back of this calendar.

**GOOD LUCK!!**

## THE KIT INCLUDES:

**Patient Care Accreditation Guide**—everything you need to get on board with accreditation compliance.

**2020 Calendar**—helping you keep track of important compliance milestones throughout the year.

**Resource Pack**—your online resource for sample forms, templates, checklists and articles available for you to review, use and modify to fit your practice's needs. Look for the icon throughout the calendar and access the Resource Pack from your facility's MY ABC account.



**W**e like to think of ourselves as a pretty flexible bunch—happy to work with you when the unexpected arises. However, there's just no getting around the need for deadlines when it comes to operating a successful business.

By far the most important deadlines to track are those for your Accreditation Renewal. Whether you're in line to renew your accreditation this year or you've still got a while, here are some important **Do's and Don'ts**:

- DO**—Know when your accreditation expires and reapply on time.
- DO**—Make sure we have your correct email and mailing address.
- DON'T**—Trash, delete or ignore our status update emails and letters like your ESTIMATED SURVEY WINDOW email.
- DO**—Apply online before application due date.

**Blackout Date Submission Form**

- DO**—Take advantage of our **Blackout Date Submission form** (in your 'Application Received' confirmation email and facility's MY ABC account).
- DON'T**—Miss the deadline to submit up to 14 blackout dates—online forms due 2 weeks from date of 'Application Received' confirmation email.
- DO**—Mark your calendar (Ahem! Like the one you're reading now) and set reminders so you don't forget to apply.
- DO**—Call or email us if you have questions.
- DON'T**—Apply late. We can't guarantee you'll be surveyed before your accreditation expires, potentially resulting in rejected claims and additional time and paperwork.

**Did You Know?**

- We don't visit facilities on major Federal Holidays or their observed days.
- If you're unavailable longer than 14 days, you'll be required to put your application and survey on hold.

## Don't forget about federal, state and local regulations!

Your facility must be unobstructed and fully accessible to patients with disabilities from the outside in—starting in the parking area with any ramps or elevators to inside your facility with wheelchair accessible doorways, hallways and bathrooms.

You must also comply with local health codes and occupancy classifications. Additionally, ABC requires that each of your patient care locations provide specific, dedicated and private treatment areas that are properly equipped for the evaluation and care of all patients.

### A BIG MISS...SHOULD'VE HAD YOUR COFFEE!

Many facilities are dinged for not conducting an annual fire/evacuation drill. It's not a difficult task but one that many business owners often overlook. Standards FS.3.2.1 and FS.3.2.2 (Guide, pg. 61) address the need to not only have an annual drill but also dictates the need for a written evaluation of the drill's effectiveness. Don't forget to include the results of the evaluation in your performance management plan—an important and required final step.

### Don't get too fired up!

We have resources available to help you with these safety standards. Check out the **Fire Emergency Drill Documentation Template** as well as the **Annual Facility Review Checklist** to help focus your facility safety efforts.

**SAFETY 1ST...**

**J/K  
COFFEE 1ST.  
SAFETY'S  
A CLOSE 2ND.**

**IN QUESO EMERGENCY**

All joking aside, we know that safety is ALWAYS first, especially when it comes to your patients and employees. In fact, there are two ABC safety focused standards that are required (or you risk receiving a CAP request)—FS.2 and FS.1 (Guide, pg. 60). These standards specifically address patient access to your facility.





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Forms, Charts, Templates  
and Info Sheets

with more added every year

# First Things First...

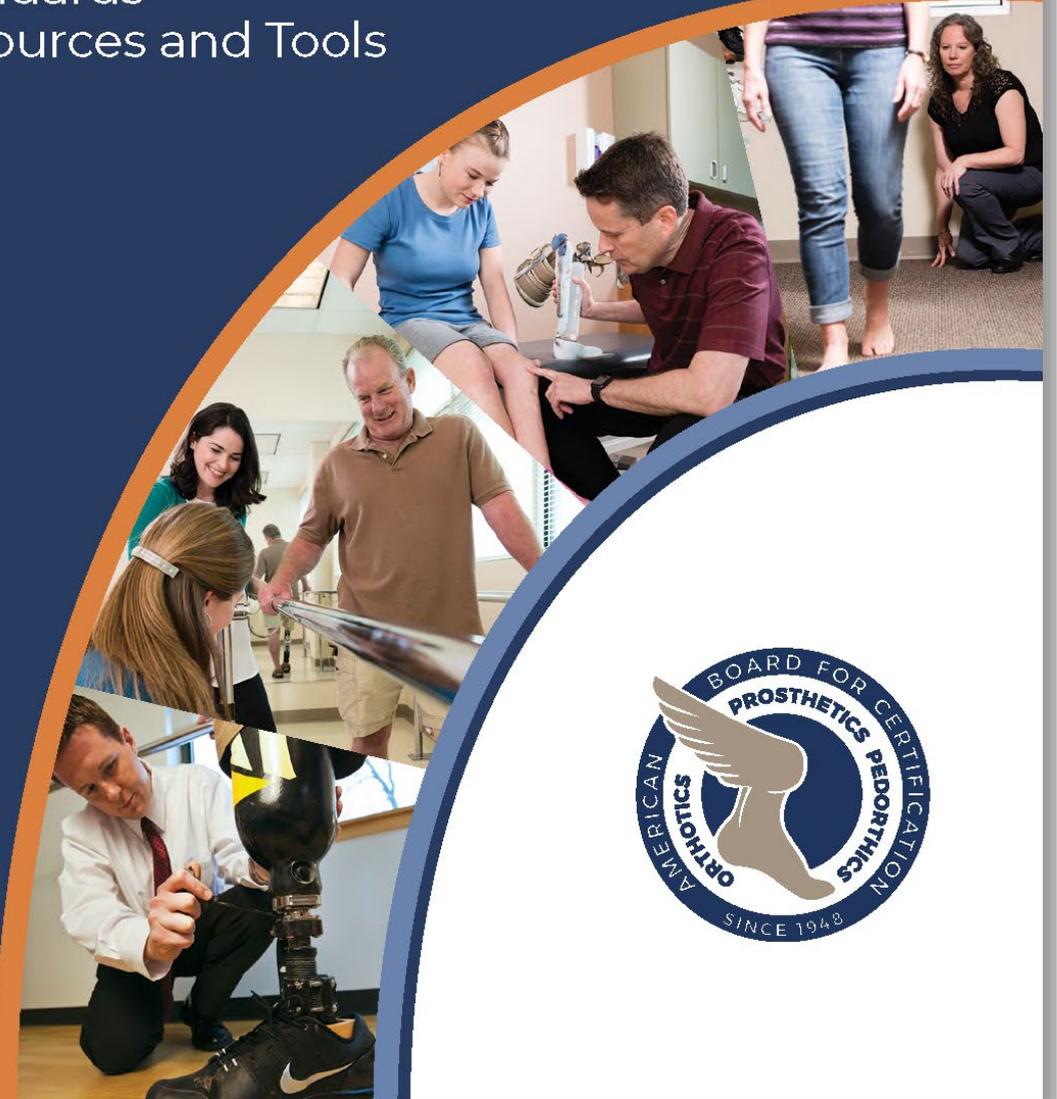
**Read it.**

**Review it.**

**Revisit it.**

## PATIENT CARE FACILITY ACCREDITATION GUIDE

Getting Started  
Standards  
Resources and Tools



# Helpful Tips inside the Guide...

## 142 Standards What do they mean?

if marked P or N, will require a **CAP**

### AD.3.1.1

You must annually review your written policies and procedures for the performance of clinical and business operations. Your review must be documented.

#### TIP

Your documentation can be in the form of annual notes, corporate minutes, and staff meetings. This can be documented in annual notes, corporate minutes, staff meetings, policy and procedure manual.

### AD.4

Your business may provide only the services and items listed on your most current ABC accreditation application.

#### TIP

When we review your patient charts and other records, we must be able to confirm that all services and items supplied to patients are consistent with your current ABC accreditation application.

### AD.5

Your business must comply with the applicable provisions and requirements of the current CMS DMEPOS Supplier Standards, Regulations and Medicare Contractor policies and articles.

#### TIP

You are responsible for being knowledgeable about all of the current CMS (Medicare) Supplier Standards, regulations and policies. You can read about them on the CMS website (cms.gov) or take seminars or courses to become more knowledgeable. You must disclose the current

CMS Supplier Standards to your Medicare patients and have those patients provide signature of receipt. You do not have to give each patient a copy to take home but they must sign off that the standards were disclosed to them. You must have proof of your liability insurance and surety bond, if applicable. The Medicare Supplier Standards and a Patient Acknowledgement form are available in the online Resource Kit.

### AD.5.1

Your business must have written policies and procedures, which require you to annually verify and document that all employees, contractors and new hires are not on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).

#### TIP

The Office of Inspector General (OIG) and ABC require health care entities to check the OIG List of Excluded Individuals and Entities (LEIE) to ensure that individuals or entities, including but not limited to employees (W-2) and contractors (1099), are not listed. Use the OIG Exclusion Checklist in the online Resource Kit to document this review.

As part of the hiring process, you must verify and document that prospective new hires are not on the OIG List of Excluded Individuals and Entities (LEIE). You must document the date of the search, the names of the individuals or contractors checked and whether the individuals or contractors were on the list.

The business must have policies and procedures in place that address the frequency of these checks and the protocol if a current employee or a prospective new hire is on the list. ABC requires that these checks be done annually and documented in your written policies and procedures.

# Accreditation Survey

## Types of Surveys

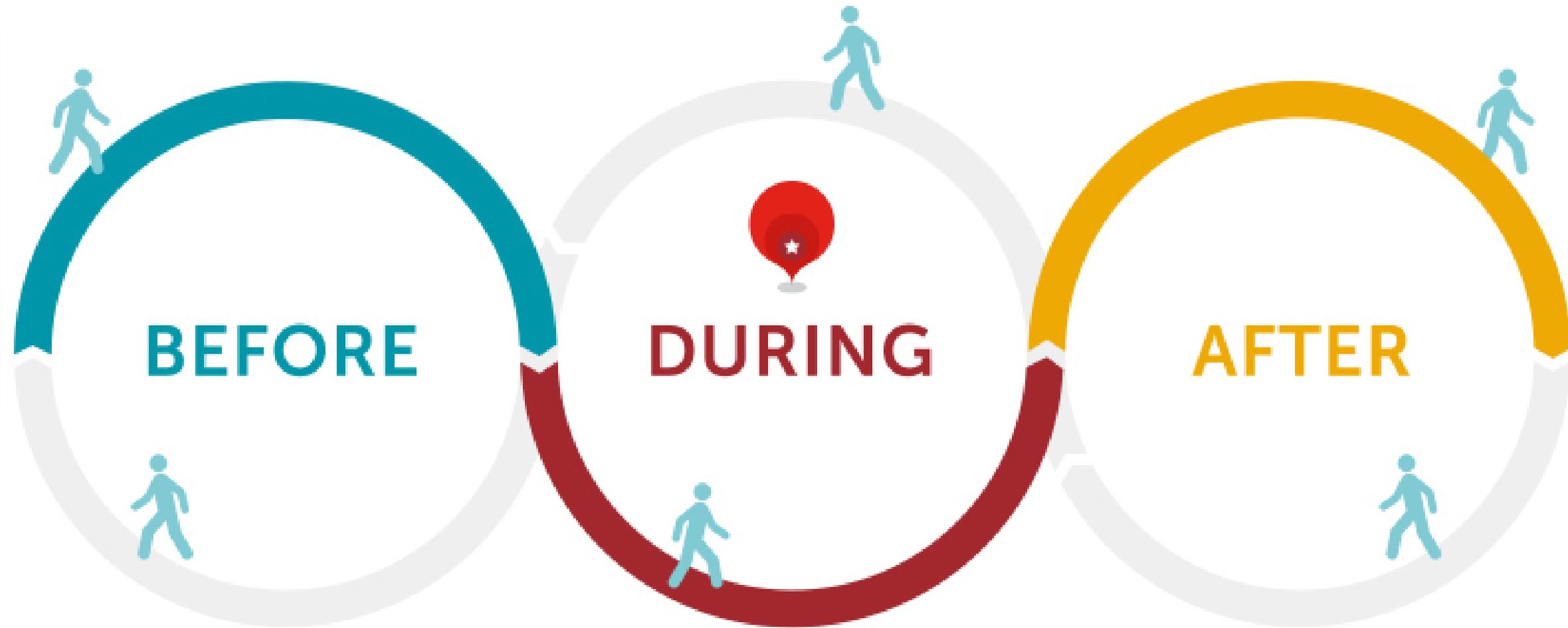
Initial | Reaccreditation | Resurvey | Verification

## Our Surveyors

## The ABC Approach



# The Survey Process



Preparing

Gathering Info

Discussing

# Are You Ready to Apply?



## Your Key Areas



## Be Prepared



### PATIENT CARE ACCREDITATION PRE-APPLICATION CHECKLIST

Thank you for choosing ABC for your facility accreditation. To help ensure that you are ready for the accreditation process, we have created the following checklist. Please review the following items *before* you submit your application in order to be prepared for the accreditation process.

**Don't forget—it's Medicare accreditation that all facilities must have. Keys are unannounced and unscheduled.**

This checklist does not replace the need for you to have a thorough understanding of the Patient Care Facility Accreditation Standards.

#### Eligibility Criteria

Before you apply, make sure your business:

Is located within the United States, one of its territories or possessions or is a Department of Defense medical treatment facility or program

Is a formally organized and legally established business that provides the services and items for which you are applying

- Is licensed according to applicable state and federal laws and regulations and maintains all current legal authorization, permits and zoning requirements to operate

- Is operational and has a physical location
- Applies for ABC accreditation for all patient care locations and all services being provided, regardless of whether Medicare or another third party is billed for these services. (This requirement only extends to those services for which ABC offers accreditation.)

- Employs the appropriately credentialed staff for all scopes of services being provided

- Has a minimum of five complete patient charts per patient care provider

- Has designated at least one individual to be in charge of accreditation and compliance and that you also have assigned a backup contact

- Meets all Medicare DMEPOS Quality and Supplier Standards (if applicable) and is compliant with the Americans with Disabilities Act (ADA) and Occupational Safety and Health Administration (OSHA) regulations

- Must disclose the full listing of ownership (any individuals or parties holding more than 5% of controlling interest) or provide the list of your facility's board of directors or trustees

- Meets all Medicare DMEPOS Quality and Supplier Standards (if applicable) and is compliant with the Americans with Disabilities Act (ADA) and Occupational Safety and Health Administration (OSHA) regulations

- Must disclose the full listing of ownership (any individuals or parties holding more than 5% of controlling interest) or provide the list of your facility's board of directors or trustees

*\*If your facility is newly established and has a limited patient care history, we may determine that a minimum of five complete patient charts per patient care provider is acceptable.*



## What to expect during your ABC Onsite Survey



**W**HILE THE Centers for Medicare & Medicaid Services require that your survey be unscheduled and unannounced, what happens during your survey is not.

*Here's what you can expect.*

### INTRODUCTIONS

When the ABC Surveyor arrives, he or she will introduce themselves and present their photo ID badge. This badge will have the surveyor's name and photo as well as the ABC logo on it. If you do not see these items, do not allow the individual into your facility and call ABC. After the surveyor has identified himself or herself, he or she will take some time to:

- ▶ Discuss the purpose of the survey and go over the schedule for the day
- ▶ Ask for the general layout of your facility
- ▶ Determine if there are any details about your facility or staff of which they should be aware
- ▶ Answer any questions you may have regarding the survey process

### THE SURVEY

The surveyor will be verifying that you have met the requirements of ABC's accreditation standards. In order to do this, they will need to access and review your facility's documentation, including the following:

- ▶ Personnel files
- ▶ Patient records
- ▶ Accounting and bookkeeping records
- ▶ Contracts with vendors, physicians' offices, staff, etc.
- ▶ Fire safety and emergency management plans and documentation
- ▶ Patient satisfaction surveys and the compiled results from those surveys
- ▶ Your Policies and Procedures Manual

The surveyor will also conduct staff and patient interviews and will look at other areas of your business as they relate to the standards.

### CLOSING CONFERENCE

At the conclusion of your survey, the surveyor will review their findings with you. The closing conference is your opportunity to:

- ▶ Clarify or present any information that may not have been available during the survey
- ▶ Talk to the surveyor one on one and learn what insights or suggestions they may have to help you improve your business processes

Keep in mind that the surveyor will not know whether you passed the survey and therefore will not be able to discuss results with you.

### Survey Results

After your survey is complete, your surveyor will submit their findings to ABC for review and validation before a final score is determined. You will receive your accreditation results by email within 4-6 weeks. Your accreditation decision letter and certificate (if applicable) will also be mailed to you.

If any deficiencies are found, you may be given the opportunity to submit a Corrective Action Plan (CAP). A CAP is your proof that you have corrected any deficiencies and that you are now in compliance with all of the Standards.

For more information regarding accreditation decisions and the CAP process, please reference the *Patient Care Accreditation Guide* or contact us directly at 703-836-7114 or [accreditation@abcop](mailto:accreditation@abcop).

# What Can You Expect?

## Make sure you're prepared for all areas of the survey.

# The Guide Isn't Your Only Resource

- Relevant Standards Tool
- Compliance Kit / Online Resource Pack
- Annual Accreditation Task Planner
- Webinar Library
- Podcast Library
- The Facilitator eNewsletter
- Top 10 Overlooked Items flyer
- What to Expect During Your Onsite Survey Flyer
- Online FAQs
- Medicare Resources and Links
- Cailor Fleming – 15% Insurance Discount
- Certificate Framing Discount

# Which Standards Apply to Me?

## Relevant Standards Tool



### Product Category Selection

Select the categories for the products that you provide, submit your choices below, and a custom list in PDF format will be created for all of the standards that apply to those products.

- Automatic External Defibrillators (AEDs)
- Blood Glucose Monitors and Supplies (mail order)
- Blood Glucose Monitors and Supplies (non-mail order)
- Nebulizer Equipment and Supplies
- Negative Pressure Wound Therapy Pumps and Supplies
- Neuromuscular Elec Stim (NMES)
- Neurostimulators
- Ocular Prostheses
- Orthoses: Custom Fabricated
- Orthoses: Off-The-Shelf
- Orthoses: Prefabricated (non-custom fabricated)
- Wheelchairs-Complex Rehabilitative Power Wheelchairs Related Accessories
- Wheelchairs-Standard Manual
- Wheelchairs-Standard Manual Related Accessories
- Wheelchairs-Standard Power
- Wheelchairs-Standard Power Related Accessories

Create PDF

Clear All

# Personalized List Based on Selections

## Relevant Facility Accreditation Standards



The following standards are specific to your facility type based on your chosen product category choices below. This list does not replace your need to review all of the accreditation standards but will help you focus on the specific areas of compliance on which your facility will be surveyed.

Thank you for choosing ABC as your accrediting organization, we look forward to helping you become accredited and wish you luck with the accreditation process.

Please contact us at [accreditation@abcop.org](mailto:accreditation@abcop.org) if you have any questions or need further assistance.

The accreditation standards included in this list are for the following Medicare categories:  
**Limb Prostheses, Neuromuscular Elec Stim (NMES, Neurostimulators, Orthoses: Custom Fabricated, Orthoses: Off-The-Shelf, Orthoses: Prefabricated (non-custom fabricated).**

### Administrative

- AD.1 The business provides documentation that it is a legally constituted entity in the state(s) in which it is located and that it is authorized to provide the services for which it is seeking accreditation.
  - AD.1.1 The business complies with all applicable federal, state, and local laws.
  - AD.1.2 The business shall have a physical location accessible to the public.
    - AD.1.2.1 All licenses, certificates, and permits to operate the business must be displayed in an area accessible to the public.
    - AD.1.2.2 All licenses and certificates held by patient care providers who provide patient care services through the location being accredited must be displayed in an area accessible to the public.
- AD.2 The business shall have one or more individuals who perform leadership functions with the authority, responsibility, and accountability to direct the organization and its key activities and operations.
- AD.3 The business shall disclose its ownership and control information in accordance with the requirements at 42 CFR §420.201 through §420.206.
- AD.4 The governing body has adopted a mission statement that includes a description of the services provided and its goals and objectives.
  - AD.4.1 The business has established documented policies and procedures to efficiently conduct its clinical and business affairs. These policies are communicated and made available to all staff as appropriate.
  - AD.4.2 The business shall provide those items as disclosed on its most current CMS 855S (Supplier Enrollment) application.
- AD.5 The business complies with the appropriate provisions and requirements of the current CMS Supplier Standards, Regulations, and Medicare Contractor policies and articles.
  - AD.5.1 Your business must have written policies and procedures, which require you to verify that all employees, contractors and new hires are not on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).
  - AD.5.2 You must routinely verify and document that current employees and contractors are not on the Office of Inspector General(OIG) List of Excluded Individuals and Entities (LEIE). You must also verify and document that prospective new hires are not on the LEIE as part of the hiring process.
- AD.6 The business complies with the appropriate provisions and requirements of the Healthcare Insurance Portability

# Success Can Be Yours!

ABC wants your onsite survey experience to be positive and successful. Our goal is to provide you with all of the resources and information you need to be completely prepared for your survey.



## KEYS TO SUCCESS

### Thorough knowledge and implementation of the Standards

Of course nothing can replace a thorough knowledge of the Standards! This is your starting point when preparing for accreditation.



### Utilizing Resources

Take advantage of the many resources available on our website such as the *Patient Care Facility Accreditation Guide* with all of the Standards as well as tips for compliance; the *Relevant Standards Tool* to generate a list of specific Standards that pertain to your business; and the *Compliance Kit* with a handy calendar and 20+ forms, templates and checklists to help you stay compliant year-round.



### The Top Ten

ABC has reviewed the results of many onsite surveys and created a list of the items or areas that frequently result in a partial or non-compliant score during the survey. A partial



The following 10 items are the ones most frequently overlooked:

- 1 Conduct and evaluate your annual emergency evacuation drill and be sure to document your results. (FS.3.2.1, FS.3.2.2)
- 2 Perform an annual review of your performance management program. (PM.10)
- 3 Continuously audit and monitor your claims and billing compliance program and don't forget to document your findings and any corrective actions that you have taken. (CB.4.1)
- 4 Before a device is delivered to the patient, make sure that it meets all manufacturer guidelines and confirm that the item reflects the patient's prescription. (PS.9.2)
- 5 All staff that is responsible for patient care have included documentation of the patient's progress in meeting specific goals and expected outcomes for the use of the item in the patient's chart. (PC.4)
- 6 Every patient is provided with instructions for the care and use of their device and this activity is documented within the patient chart. (PC.6.1)
- 7 Patient charts are consistent and complete. (Including all the elements described in PR.6.1)
- 8 You seek input from your employees, patients and referral sources when assessing the quality of your operations and services. (PM.1.1)
- 9 Results of your patient satisfaction surveys are documented and evaluated as part of your performance management program. (PM.2.1)
- 10 When an opportunity to improve the quality of care is identified, action is taken. Make sure you monitor these actions on an ongoing basis to assess their effectiveness in improving your quality of care. (PM.9)

**All of these items and more can be found on the Onsite Survey Checklist—a great tool to use to track your progress towards compliance! Download the Checklist on the ABC website at [ABCop.org](http://ABCop.org)**

# Most Commonly Missed Standards

## Let's take a closer look

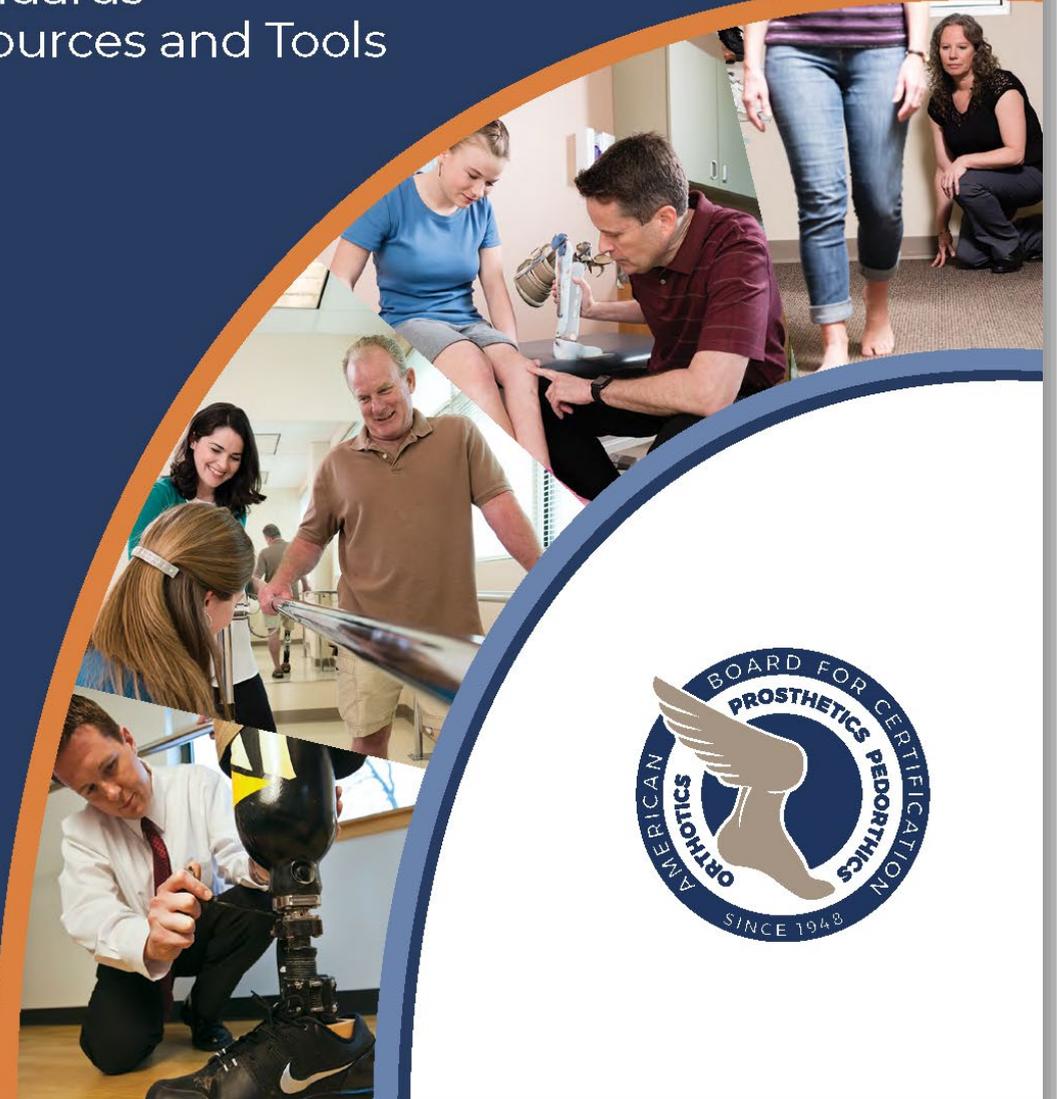
Ask Questions!

# Not Understanding the Accreditation Standards



## PATIENT CARE FACILITY ACCREDITATION GUIDE

Getting Started  
Standards  
Resources and Tools





# Incomplete Patient Charts

- Missing documentation
- Explanation of steps
- Teaching opportunity



## Incomplete Patient Charts cont'd...

# Intake and Assessment

- ✓ In-person clinical exam
- ✓ Assesses patient needs and use
- ✓ Confirm accuracy of prescription
- ✓ Formulate treatment plan
- ✓ Establish goals and outcomes



## Incomplete Patient Charts cont'd...

# Delivery and Set-up

- ✓ **Delivery in timely manner**
- ✓ **Item or service consistent with prescription**
- ✓ **Proof of delivery**
  - **Beneficiary's name**
  - **Delivery address**
  - **Date**
  - **Sufficient detailed description of the item(s) being delivered**
  - **Quantity delivered**
  - **Beneficiary (or designee) signature**



## Incomplete Patient Charts cont'd...

# Training and Instruction

- ✓ Instructions to patient or caregiver
- ✓ Necessary supplies to attach, maintain and clean
- ✓ How to use, adjust, maintain, clean, inspect skin and report problems



## Incomplete Patient Charts cont'd...

### Follow-up

- ✓ Provide follow-up consistent with items or services
- ✓ Review and make changes to treatment plan
- ✓ Review recommended maintenance
- ✓ Solicit feedback to determine effectiveness

# Patient Chart Audit *Template*

## PATIENT CHART AUDIT FORM

Facility Name	Reviewer																			
Address																				
City										State							Zip			

First Name	Last Name	Privilege	Registration	HIPAA	Supplier Standards	Complaint Resolution	Assignment Financials	Rx	CRx	Clinical Evaluation	Inventory	Goal Projected	Technical Notes	Progress Notes	DOS	PO	Delivery Receipt	Satisfaction	Precautions	Education	Follow Up	Goal Achieved	Feedback		





## Missing or Incomplete Privileging Information for Credentialed Staff

### Staff file includes:

- Written Objective Criteria
- Training
- Justification
- Documentation



## ESTABLISHING PRIVILEGING CRITERIA

These instructions will help the practice owner or accreditation manager understand the necessary documentation to clearly describe each privileged individual's ability to provide a specific item of service. That documentation must describe the Objective Criteria used to support the necessary knowledge and skills of the privileged person to provide the service. For example, to provide patient care beyond the scope of their credential based on Written Objective Criteria a Certified Prosthetist must be supervised by a Certified Orthotist to provide a type of orthosis for a specific patient. The written criteria must describe the how the prosthetist has been trained, educated and the experience necessary to providing that type of service. The certificate from a relevant course, documented in-applicable experience and skills to be able to provide that specific orthosis.

### Overview of ABC Accreditation and Privileging

#### Supervision and Privileging of Credentialed Care

Privileging of credentialed services beyond the scope of practice must ensure appropriate safe delivery of patient care.

caregiver may be privileged, under Indirect Supervision, to provide patient care beyond their credential based on Written Objective Criteria.



## PRIVILEGING GUIDE

### The How and Who of Privileging

The following information is provided to help you implement appropriate privileging procedures and to explain the requirements necessary to maintain an appropriate privileging system. Privileging is covered in both the ABC *Orthotic, Prosthetic and Pedorthic Scope of Practice* and the ABC *Accreditation Standards*. It is essential that you follow these protocols in order to maintain both your certification and your accreditation.

The following information explains what privileging is, the rules that define it and how to implement it appropriately. Additionally, it answers the most common questions that facility owners have about privileging. This document is designed to be a step-by-step instructional manual that will not only help you implement appropriate privileging policies in your facility but provide education on the process.

#### What is Privileging?

Privileging is the process of granting an individual permission to provide patient care beyond their own independent scope of services, as defined in the ABC *Scope of Practice*.

#### When do I need to implement privileging practices and procedures?

Once you have identified a credentialed staff member that you want to allow to provide additional services beyond their scope of practice, and you have established the written objective criteria required for their training, you can initiate a privileging plan.

For example, you have an ABC certified orthotic fitter (CFO) on staff and based on their scope of practice they are qualified to provide prefabricated orthoses, but you would like for them to be able to provide a specific custom fabricated orthosis. That requires that they be privileged to provide the care associated with that device. Privileging would be granted under the Indirect Supervision of a Certified Orthotist (CO).

#### How does privileging affect my facility accreditation?

ABC facility accreditation Standard HR.6 addresses privileging. It reads –

“You may privilege certified or licensed staff to provide patient care beyond their defined scope of practice under the supervision of a certified or licensed individual practicing within their scope of practice. If you privilege a staff member, your process must be in compliance with applicable laws, based on Written Objective Criteria and under the Indirect Supervision of a certified or licensed individual practicing within their scope of practice.” HR.6 is a *critical standard* and if you receive a deficiency in this standard, your accreditation will be limited to one year while you develop and submit a corrective action plan outlining the steps you have taken to correct the deficiency in order to receive a full three-year accreditation.

# Instructions for Establishing Privileging Criteria & Privileging Guide



# Individual Privileging Record *Template*

Employee Name: Keesha Williams, COA	Supervisor: Maria Perez, CPO	Date:
--	---------------------------------	-------

Date	Privileged In	Experience (current or previous) <i>Company name &amp; name of credentialed person if previous</i>	Continuing Education Programs	In-House Training
3-04-16	Custom LSO for spondylolithesis	Attended technical workshop at AAOP meeting sponsored by Boston O&P. Workshop was on measuring and fitting of spinal orthoses. Proof of attendance at the workshop is in Keesha's personnel file.	X	
1-5-16 through 6-25-16	Custom LSO for spondylolithesis	Keesha shadowed with Maria Perez, CPO and Bob Bracewell, CO for 6 months while they provided custom Arizona AFOs. She participated in measurement and fittings. Maria's documentation of Keesha's knowledge and ability to provide custom anterior opening LSOs is in her employee file.		X





# Signing Off on Notes

## **Credentialed supervisor must:**

- Review notes
- Co-sign patient's chart
- Date it within 15 days

# Patient Satisfaction Surveys



- ✓ **Accessible**
- ✓ **Relevant**
- ✓ **Timely**
- ✓ **Explain the Importance**

# Write & Analyze Patient Satisfaction Surveys



## How to Write & Analyze a Patient Satisfaction Survey

Patient satisfaction surveys allow you to improve how your practice delivers care, address any potential problem areas and establish benchmarks for customer service.

### At a Glance

When writing a patient survey, consider the following:

- Determine the overall goal and how you will address patient feedback.
- Don't bombard patients with numerous surveys.
- Make sure the survey is available to everyone, offering it both via e-mail and a hard copy.
- Follow up on both low- and high-ranking scores.

Patient satisfaction surveys can do wonders for your business, allowing you to target problem areas, publicize and reward positive behaviors, and establish benchmarks for patient care. All of that is possible — that is, so long as patients actually fill them out.

That's where paying close attention to how your survey is written, and taking careful measures when it comes to analyzing the results, becomes very important. Without careful consideration to the approach, your results will be less than they could be. Luckily, a few easy tips can point you down the right patient satisfaction survey path.

### Do Your Homework

Before writing the survey, doing a little homework can provide a solid foundation. First, establish the goals. What are you trying to learn? Identifying ideal outcomes is the first step in knowing what questions to ask.

### Rely on Past Experience

Leverage past experience — if surveys have been conducted in the past, use them as a starting place. Past surveys (or those of colleagues) can serve as excellent inspiration — and a welcome shortcut if you are short on time.

### Target Questions to Areas of Concern

For the most part, pre-planning will help vital survey questions emerge. Even so, it's also worth tailoring questions to any known areas of concern.

Consider establishing core questions, such as:

- Staff is courteous and professional.
- Staff provides exceptional patient care.
- Staff provides quality orthotics or prostheses.
- Care was provided in a timely fashion.
- Desired outcomes were achieved in a satisfactory manner.

## Sample Patient Satisfaction Survey

You can create your survey either as an online or paper survey, whichever best serves your practice. You can also have a separate survey for orthotic and prosthetic patients, whichever way helps inform your practice. The following questions are suggestions and should be modified to fit your specific needs and goals.

1. How easy was it to schedule an appointment?  
 Very easy  Difficult
2. Upon arrival, how would rate your experience with our administrative staff?  
 Friendly/Helpful  Pleasant  Rude  Not acknowledged  No receptionist
3. How comfortable was our waiting area?  
 Very comfortable  Adequate  Very uncomfortable
4. For your scheduled appointment, were you seen:  
 Before your appointment  On time  Just after  Long after  I was late
5. Were your financial obligations explained to you?  
 Yes  No  Not Applicable
6. Please rate the level of knowledge, care and attention you received from your provider.  
 Excellent  Good  Satisfactory  Poor
7. Did you discuss your goals and objectives related to your care with your provider?  
 Yes  No
8. Did you receive your device(s) when your provider indicated you would?  
 Yes  No
9. How satisfied are you with your device(s)?  
 Satisfied  Mostly satisfied  Neutral  Mostly dissatisfied  Dissatisfied

### FOR PROSTHETIC PATIENTS ONLY:

10. Using the following scale, how comfortable is your socket?  
0 to 10 scale with 0 being no pain and 10 being very painful  
0 1 2 3 4 5 6 7 8 9 10

### FOR ALL PATIENTS

11. Were the instructions regarding the use and care of your device useful?  
 Very useful  Somewhat useful  Not useful  I didn't get instructions
12. Were you instructed in the purpose and function of the device(s)?  
 Yes  No  I don't remember
13. Were you instructed in the proper maintenance and/or cleaning of the device(s)?  
 Yes  No  I don't remember
14. Were you instructed about the potential risks, benefits and precautions associated with the device(s)?  
 Yes  No  I don't remember

These forms are provided by ABC for your use. Please feel free to change and/or customize them to suit your business needs.  
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# Sample Patient Satisfaction Survey

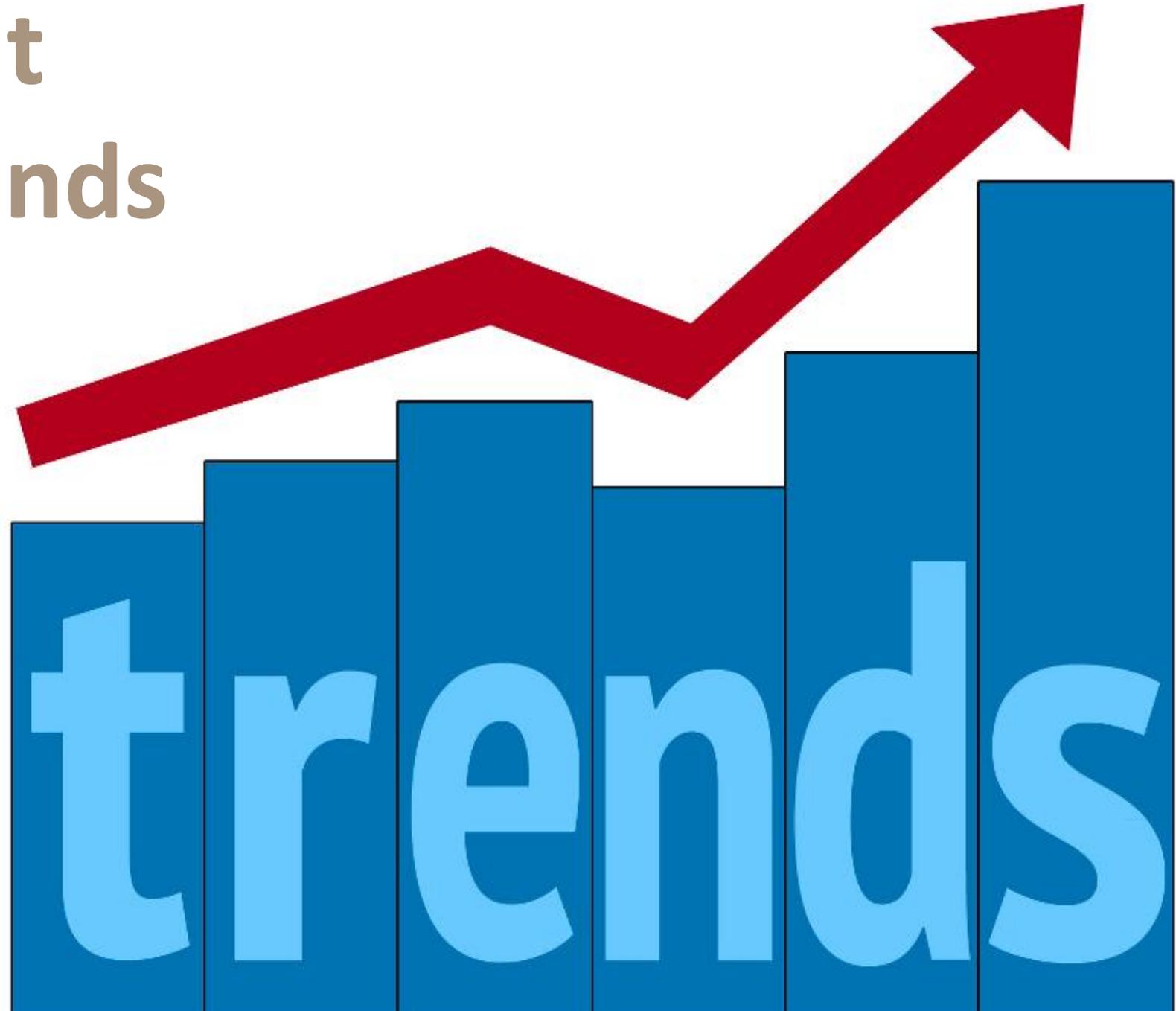




# Patient Satisfaction Survey Results

- Evaluate responses
- Create a report & action plan
- Rectify problems/issues
- Learning opportunity
- Marketing opportunity

# Guide to Patient Satisfaction Trends



# Fire/Emergency Drills







# Safety Inspections



Oh, boy...

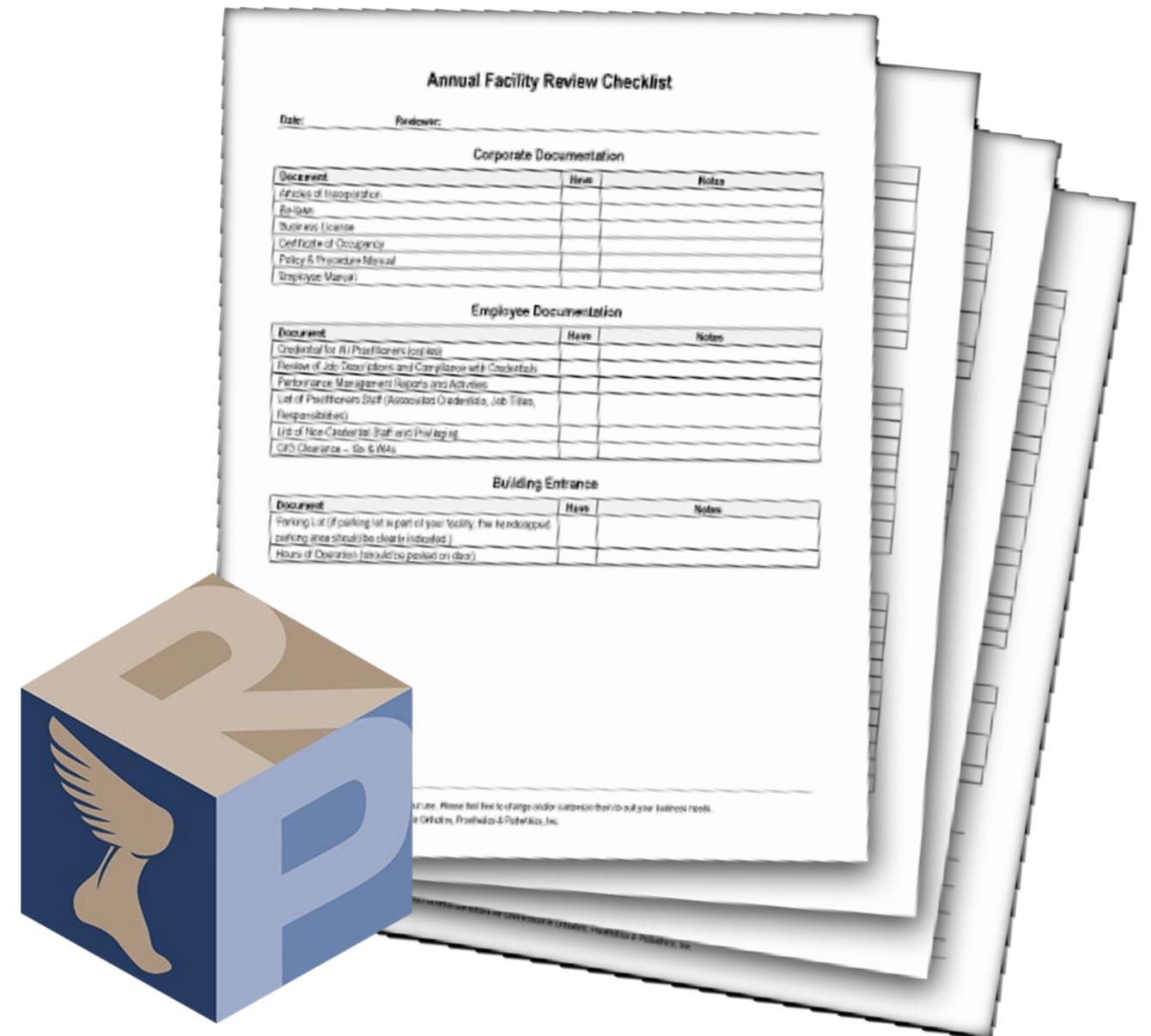


YIKES!



# Annual Facility Review Checklist

- Corporate Documentation
- Employee Documentation
- Office/Reception Area
- Annual Reviews
- Patient Info and Forms
- Patient Exam Rooms
- Performance Management
- Fire and Safety
- Billing and Coding



**Annual Facility Review Checklist**

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_

**Corporate Documentation**

Document	Have	Notes
Articles of Incorporation		
By-Laws		
Supplies License		
Certificate of Occupancy		
Policy & Procedure Manual		
Employee Manual		

**Employee Documentation**

Document	Have	Notes
Credential for All Practitioners (original)		
Review of Job Descriptions and Responsibilities with Credentials		
Performance Management Reports and Activities		
List of Practitioner Staff (Associated Credentials, Job Titles, Responsibilities)		
List of Non-Credential Staff and Phlebotomists		
CFO Clearance - So. & NAs		

**Building Entrance**

Document	Have	Notes
Parking Lot (if parking lot is part of your facility, the handicapped parking area should be clearly indicated.)		
Hours of Operation (see also posted on door)		

Please feel free to change order or substitute items to suit your business needs.  
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# Policy and Procedure Manuals



- **Accessible to all staff**
- **Living document/keep it current**
- **Annual review**

# Billings and Claims







## Interview

- **Opportunity to meet with surveyor**
- **Review non or partial compliant issues**
- **Positive findings**
- **Your opportunity to *share* information**
- **Your opportunity to *receive* information**
- **Best business practices**
- **Suggestions**

# Corrective Action Plan (CAP)

## Human Resource Standards (HR)

HR.1	The business shall establish policies and procedures, including detailed job descriptions, that specify: 1) personnel qualifications and training; 2) required certifications and/or licenses as applicable; 3) required experience; and 4) continuing education requirements consistent with the specialized equipment, items, and services it provides to patients.
HR.2	The business shall document the verification of all licenses, registrations, and certifications held by staff members who provide patient service
HR.3	The business provides appropriate orientation and training programs to familiarize all personnel with its facilities and procedures. Appropriate reference materials and educational information are made available to all personnel.
HR.4	The organization verifies, at least annually, the completion of continuing education consistent with the specialized equipment, items, and services provided to patients.
HR.4.1	If required by state law, personnel providing patient care shall be licensed and function within the scope of practice as determined by the state licensure requirements. Otherwise, personnel providing patient care services must be certified or registered and function within their scope of practice as defined by their credentialing organization, except as permitted in HR.6.
HR.4.2	Professional personnel providing custom fit or fabricated orthotic, prosthetic, and/or pedorthic services shall be licensed or certified and function within their scope of practice as required by the state regulation under which the professional is licensed or by the ABC Scope of Practice except as permitted in HR.6.

C

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- **Timely**
- **Specific**
- **Concrete**

# Congratulations!

American Board for Certification  
— in —  
Orthotics, Prosthetics and Pedorthics, Inc.



*hereby accredits that*

**Acme, Inc. – Affiliate**  
1234 Main Street, Hooks Grove, NJ

*having successfully met the facility accreditation requirements of this Board,  
which establishes and advocates for the highest patient care standards in the provision of orthotic, prosthetic  
and pedorthic services, is hereby declared to be a facility accredited in*



**Orthotics, Prosthetics and Durable Medical Equipment**

*Accreditation Period*  
January 1, 2019 – December 31, 2023

*Larry D. Ward*  
Larry D. Ward, CEO, FFAOP  
President

**So...**

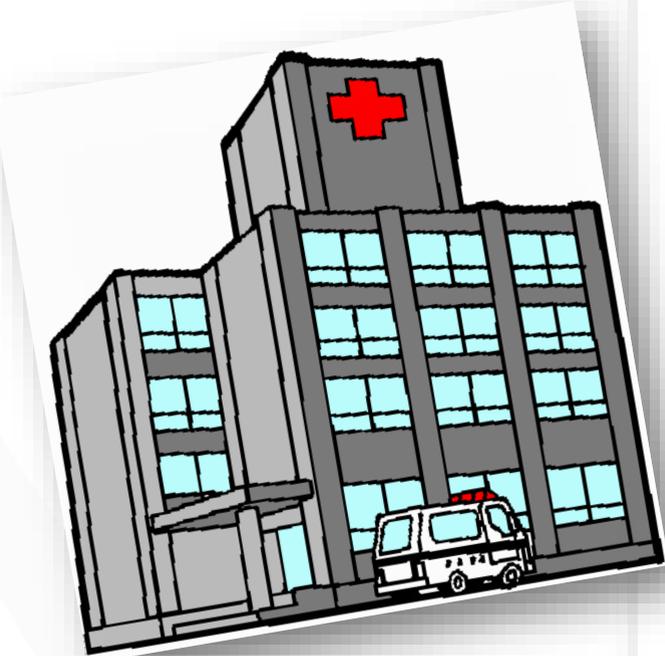
What  
Happens  
Next?



**Broadcast  
Your  
Success!**



# News Release



Suggested News Release for Newly Accredited Facilities  
(Printed on facility letterhead)

**FOR IMMEDIATE RELEASE**

Date  
Contact: (Your name, phone number and/or email here)

**(YOUR FACILITY NAME HERE) EARNS ACCREDITATION FOR (INDICATE SPECIFIC ACCREDITATION RECEIVED HERE) FROM THE AMERICAN BOARD FOR**

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"We are c  
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premier provider of (your specific area of care here) and reflects our commitment to our patients."



The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. has been credentialing practitioners and accrediting organizations since 1948 in accordance with established standards of excellence in the delivery of comprehensive patient care. As a not-for-profit organization, ABC's mission is to establish and promote the highest standards of organizational and clinical performance in the delivery of orthotic, prosthetic and pedorthic services. The ABC advances the competency of practitioners, promotes the quality and effectiveness orthotic, prosthetic and pedorthic care; and maintains the integrity of the profession.

###



# ABC's Satisfaction Survey



# News You Can Use

An Exclusive ABC Publication

## THE FACILITATOR



APRIL

### In this issue...

- [Medicare Corner: Surety Bonds](#)
- [Maintaining a Good Standing](#)
- [Surveyor Notes: Patient Record](#)
- [Featured Standard - HR.6](#)
- [Change of Ownership](#)
- [Reminders](#)

### Contact Us!

We want to continue working closely with your organization to help facilitate your accreditation process. We consider your facility part of our ever-growing ABC family and an ally in our mission to provide the highest quality of care for patients nationwide. Contact us anytime.

[Tammi Richards](#), ext.230  
Director, Facility Accreditation Services

Application status or general accreditation questions:  
[Paolo Astorga](#), ext.205 or  
[Lauren Moran](#), ext.251

Survey blackout dates for vacation, construction, moving, etc.:  
[Lauren Moran](#), ext.251

### -----Medicare Corner-----

#### Understanding DMEPOS Surety Bonds

By *Devon Bernard*

As a follow-up to our article about surety bonds in the last issue of the Facilitator, we asked AOPA's Assistant Director of Coding and Reimbursement Services, Education and Programming, Devon Bernard, to share his knowledge and expertise about surety bonds with you. [READ MORE](#) ⇒

#### Maintaining a Good Standing with ABC: *It's not just a status, it's a requirement!*

It is very important that all accredited facilities ensure that both their patient care facilities and patient care providers (individuals) are in good standing at all times. What does that mean exactly? [READ MORE](#) ⇒

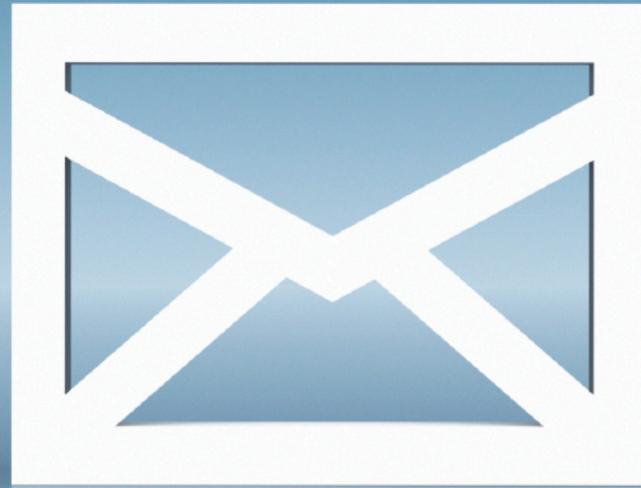
#### Surveyor Notes: A Closer Look at Patient Record Standards PR.6.1 and 6.1.1

*Ted Markgren, CO, Senior Surveyor*

As the complexity of orthotics and prosthetics advances, so too does the medical record. It is important to review the medical record requirements to ensure that your records reflect the device and need for the device accurately. [READ MORE](#) ⇒



# Updating Your Information





# Social Media





**Better Care =  
Better Outcomes**

**Patient Resource  
OandPcare.org**

# Your Best Resources!



**ABCop.org  
and US!**

# The Accreditation Team



**Tammi Richards**  
Director  
Facility Accreditation Services



**Christine Michael**  
Manager  
Facility Accreditation



**Kyle Sins**  
Standards & Compliance  
Specialist

[accreditation@abcop.org](mailto:accreditation@abcop.org)

Don't Forget...

Documentation is the



# Questions?





# Thank you!

**Jim Lawson**  
**Outreach Development Manager**  
[jlawson@abcop.org](mailto:jlawson@abcop.org)  
**703-836-7114 x220**